PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_Be	Instrument Location Bether Co. S.O.
Instrument Seria	INO. 008897 104 Dunder St., Windson, N.C.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of day o
STATE OF STA	Signature of Certifying Official Certificate Number

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Date: 06/06/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

Test	g/210L	Time
DIAG	Pass	11:48am
AIR BLK	.00	11:49am
ACCY CHK	.08	11:50am
SUB TEST	.00 .00	11:51am 11:51am
	.00	11:51am
AIR BLK SUB TEST		11:52am
	.00	
AIR BLK	.00	11:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BERTIE COUNTY BERTIE CO SO 070

Serial Number: 008897 Test Record Number: 499
Test Date: 06/06/2011 Test Time: 11:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:56am 11:56am
FC	Pass	11:56am

Temperature Tests

Test	Status	Time
FC1	Pass	11:56am
SRC	Pass	11:56am
DET	Pass	11:56am
BAR	Pass	11:56am
BT	Pass	11:56am

Blank Tests

Test	Status	Time
AIR	Pass	11:57am

Printer Tests

Test	Status	Time
PRNT	Pass	11:57am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:58am 11:58am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	emberland Co. Detaution Tacil
Instrument S	erial No. 008614 Fayetteville
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the
STA	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614

Test Record Number: 1538

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:46am
FLO	Pass	9:46am
FC	Pass	9:46am

Temperature Tests

Status	Time
Pass	9:46am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:46am

Printer Tests

Test	Status	Time
PRNT	Pass	9:47am
	CRC Tests	

Test	Status	Time
COMP	Pass	9:47am
CAL	Pass	9:47am

Preventive Maintenance . Status: Pass

Analyst

CUMBERLAND COUNTY DETENTION CTR 250

Serial Number: 008614 Test Date: 06/14/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:37am 9:38am 9:39am
AIR BLK	.00	9:39am
SUB TEST	.00	9:40am
AIR BLK	.00	9:41am
SUB TEST	.00	9:42am
ATR BLK	0.0	9 · 43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County R	obeson Instrument Location Robeson Co. Jail
Instrument Se	erial No. <u>008805</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the 14th day of 12we, 2011 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATION OF	Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 06/14/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:10am 11:11am 11:11am
SUB TEST	.00	11:12am 11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst This form is used when performing Preventive Maintenance procedures

> Forensic Tests for Alcohol Branch **Department of Health and Human Services**

Rev. 12/2007

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Record Number: 1498
Test Date: 06/14/2011 Test Time: 11:18am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:18am
FLO	Pass	11:18am
FC	Pass	11:18am

Temperature Tests

Test	Status	Time
FC1	Pass	11:18am
SRC	Pass	11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
BT	Pass	11:18am

Blank Tests

Test	Status	Time
AIR	Pass	11:19am

Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:19am 11:19am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Rok	De SON Instrument Location Robeson Co. Jail
Instrument Seri	al No. <u>008836</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 14th day of 7000 , 2011 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Record Number: 1567
Test Date: 06/14/2011 Test Time: 11:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:19am 11:19am
FC	Pass	11:20am

Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC	Pass	11:20am
DET	Pass	11:20am
BAR	Pass	11:20am
BT	Pass	11:20am
SRC DET BAR	Pass Pass Pass	11:20am 11:20am 11:20am

Blank Tests

Test	Status	Time
AIR	Pass	11:20am

Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:20am
CAL	Pass	11:20am

Preventive Maintenance Status: Pass

Analyst

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 06/14/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

Test	g/210L	Time
DIAG	Pass	11:11am
AIR BLK	.00	11:12am
ACCY CHK	.07	11:13am
AIR BLK	.00	11:14am
SUB TEST	.00	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:17am
ATR BLK	0.0	11.18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	lnda y we	Instrument Location Bar w	Obile wit #5
Instrument S	erial No. <u>008600</u>	Goldse	tono
The preventi		Intoximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breadegree centigrade;	ath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.	anister is being changed before expiration hanged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that procedures v Department	on the 10 day of 1 da	, 20// the formation indicated above, in accordance with current days the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
STAT STAT STATE ST	E O NO PLANT CAROLINA		
ESE QUAM	V0000	L 6 TH Synt	636
	S	ignature of Certifying Official	Certificate Number

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008600

Test Record Number: 779

Test Date: 06/10/2011

Test Time: 11:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:55pm
FLO	Pass	11:55pm
FC	Pass	11:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:55pm
SRC	Pass	11:55pm
DET	Pass	11:55pm
BAR	Pass	11:55pm
BT	Pass	11:55pm

Blank Tests

Test	Status		Time
AIR	Pass	٠	11:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:56pm
	CRC Tests	
Test	Status	Time

resc	Status	TIME
COMP	Pass	11:56pm
CAL	Pass	11:56pm

Preventive Maintenance Status: Pass

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008600 Test Date: 06/10/2011

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	11:44pm 11:46pm
ACCY CHK	.08	11:46pm
AIR BLK	.00	11:47pm
SUB TEST	.00	11:50pm
AIR BLK	.00	11:51pm
SUB TEST	.00	11:52pm
AIR BLK	.00	11:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Sec 6-Thorst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LUAYINE	Instrument Location_	BAT MOBILE	Lorenza In The S
Instrument Se	rial No. <u>60 86 98-</u>		GOLDEBOND	
The preventive four months a	e maintenance procedures for the l	Intoximeters, Model Intox	EC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		alcoholic breath simulat	or thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	1;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	pears, collect breath sampl	e;	
7.	When "PLEASE BLOW" app	pears, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.			
procedures w	on the 10th day of	dicated above, in accordai	nce with current regulati	eventive maintenance ons of the N.C.
STATE STATE OF THE	tack	nature of Certifying Offic	iol Co	<u>G るし</u> rtificate Number

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698

Test Record Number: 641 Test Date: 06/10/2011 Test Time: 11:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:00am
FLO	Pass	12:00am
FC	Pass	12:00am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:00am
DET	Pass	12:00am
BAR BT	Pass Pass	12:00am 12:00am
1 1	1 (1)	72.00am

Blank Tests

Test	Status	Time
AIR	Pass	12:00am

Printer Tests

Test	Status	Time
PRNT	Pass	12:01am
	CRC Tests	
Test	Status	Time
COMP	Pass	12:01am

Preventive Maintenance Status: Pass

Pass

12:01am

CAL

WAYNE COUNTY BAT MOBILE UNIT 5 950

Serial Number: 008698 Test Date: 06/10/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	.00	11:49pm 11:50pm 11:51pm 11:52pm
SUB TEST	.00	11:52pm
AIR BLK	.00	11:53pm
SUB TEST	.00	11:55pm
AIR BLK	.00	11:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County H-C	urnet Instrument Location Dunn Police Dept
Instrument Sei	rial No. <u>008644</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the 13 day of Tunp, 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	VOLUM CAROLINA CAROLI
APRIL 12. 07th	Signature of Certifying Official Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 786

Test Date: 06/13/2011

Test Time: 12:26pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:27pm 12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	*	

m - - - -

CRC Tests

Test	Status	Time
COMP	Pass	12:28pm
CAL	Pass	12:28pm

Preventive Maintenance Status: Pass

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 06/13/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002802 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:09pm 12:10pm 12:11pm 12:12pm 12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WAKE	Instrument Location_	BAT	MIDRILE Com IT #5
Instrument	t Serial No. <u>OO Fla oo</u>	la .	Wen	OEU
The prever	ntive maintenance procedures for t as are:	he Intoximeters, Model Intox	EC/IR II	to be followed at least once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus.	ster displays pressure, or the a 2 degree centigrade;	alcoholic I	breath simulator thermometer shows
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequenc	e;		
4.	Enter information as promp	oted;		
5.	Verify instrument accuracy	; ;		
6.	When "PLEASE BLOW"	appears, collect breath sample	∌;	
7.	When "PLEASE BLOW"	appears, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before changed every four months or	ore expira r after 125	tion date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify the procedures Departmen	at on theday of were performed on the instrument t of Health and Human Services, a	, 20, 20, accordanged indicated above, in accordanged the instrument is functioning	the with coing proper	e forgoing preventive maintenance arrent regulations of the N.C.
CREAT CREAT CONTRACT		26716	Jour	1_636_
	\$	Signature of Certifying Offici	ai	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 777

Test Date: 06/03/2011 Test Time: 10:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:29pm
FLO	Pass	10:29pm
FC	Pass	10:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:29pm
SRC	Pass	10:29pm
DET	Pass	10:29pm
BAR	Pass	10:29pm
\mathtt{BT}	Pass	10:29pm

Blank Tests

Test	Status	Time
		•
AIR	Pass	10:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:30pm
	CRC Tests	e.
Test	Status	Time
COMP CAL	Pass Pass	10:30pm 10:30pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 06/03/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 09372E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302

Exp Date: 07/22/2011

Test	g/210L	Time
	and the second s	

DIAG	Pass	10:19pm
AIR BLK	.00	10:20pm
ACCY CHK	.08	10:21pm
AIR BLK	.00	10:22pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:25pm
AIR BLK	.00	10:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Water	Instrument Location BAT MOR.CE LIVET
Instrument	Serial No. <u>2086</u> %	WENDELL
The preven		for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.		canister displays pressure, or the alcoholic breath simulator thermometer shownus .2 degree centigrade;
2.	Verify instrument disp	plays time and date;
3.	Initiate breath test seq	uence;
4.	Enter information as p	prompted;
5.	Verify instrument acco	uracy;
6.	When "PLEASE BLO	W" appears, collect breath sample;
7.	When "PLEASE BLO	W" appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Pro	gram; and
10.	simulator solution is b whichever occurs first	l gas canister is being changed before expiration date, or the alcoholic breath eing changed every four months or after 125 Alcoholic Breath Simulator tests,
	F	, 20 // the forgoing preventive maintenance ment indicated above, in accordance with current regulations of the N.C. ces, and the instrument is functioning properly.
A CREAT OF STATE OF S	ATE OF NO THE CAROLINA MARINE STATE OF THE CAROLINA MARINE STATE OF THE CAROLINA STATE O	6.65Mora X 631
		Stanature of Certificing Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Record Number: 636
Test Date: 06/03/2011 Test Time: 10:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:46pm
FLO	Pass	10:46pm
FC	Pass	10:46pm

Temperature Tests

Status	Time
Pass	10:46pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	10:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:47pm
•	CRC Tests	
Test	Status	Time
COMP	Pass	10:47pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008698 Test Date: 06/03/2011

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 09372E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG920302 Exp Date: 07/22/2011

Test	g/210L	Time
DIAG	Pass.	10:20pm
AIR BLK	.00	10:21pm
ACCY CHK	.08	10:22pm
AIR BLK	.00	10:23pm
SUB TEST	.00	10:24pm
AIR BLK	.00	10:25pm
SUB TEST	.00	10:26pm
AIR BLK	.00	10:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_5	uilford Instrument Location UNC - Greenspore
Instrument Se	rial No. 008604 Police Department
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
³ 9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE ME STATE OF THE STATE OF	
Canada	Signature of Certifying Official Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 06/03/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG003403 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	9:43am 9:43am
ACCY CHK	.08	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
ATR RIK	0.0	9 · 4 9 a m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604

Test Record Number: 985

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:50am
FLO	Pass	9:50am
FC	Pass	9:50am

Temperature Tests

Test	Status	Time
FC1	Pass	9:50am
SRC	Pass	9:50am
DET	Pass	9:50am
BAR	Pass	9:50am
\mathtt{BT}	Pass	9:50am

Blank Tests

Test	Status	Time
AIR	Pass	9:51am

Printer Tests

Test	Status	Time
PRNT	Pass	9:51am
	CRC Tests	
Test	Status	Time

COMP	Pass	9:51am
CAL	Pass	9:51am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	amance - Mebane Instrument Location Bat Mobile Unit 3
Instrument S	erial No.008(60)
The preventifour months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	2000 B Skings U44

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ALAMANCE COUNTY BAT MOBILE UNIT 2 001

Serial Number: 008601 Test Date: 06/03/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number:

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:18pm 11:19pm 11:19pm 11:20pm
SUB TEST	.00	11:21pm
AIR BLK	.00	11:22pm
SUB TEST	.00	11:23pm
AIR BLK	.00	11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skyrner Analyst

ALAMANCE COUNTY BAT MOBILE UNIT 2 001

Serial Number: 008601

Test Record Number: 592

Test Date: 06/03/2011 Test Time: 11:25pm EDT

System Check: Passed

Baseline Tests

Status	Time
Pass	11:25pm
Pass Pass	11:25pm 11:26pm
	Pass Pass

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:26pm 11:26pm 11:26pm 11:26pm 11:26pm
		-

Blank Tests

Test	Status	Time
AIR	Pass	11:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:26pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A)C	mance - Metigne Instrument Location Bat mobile Unita		
Instrument Se	erial No. 008734		
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures w Department of	on the		
THE STATE OF THE S	DONG B SKM 644 Signature of Certifying Official Certificate Number		

ALAMANCE COUNTY BAT MOBILE UNIT 2 001

Serial Number: 008736 Test Date: 06/03/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

rest	9/210F	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:22pm 11:23pm 11:24pm
AIR BLK SUB TEST	.00 . 00	11:25pm
AIR BLK	.00	11:25pm 11:26pm
SUB TEST	.00	11:28pm
AIR BLK	.00	11:20pm
		انانہ کے سے سے سے

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Donya B Skurin Analyst

ALAMANCE COUNTY BAT MOBILE UNIT 2 001

Serial Number: 008736 Test Record Number: 311

System Check: Passed

Baseline Tests

Test	Status	Time
300 100 100 100 100 100 1	The second section	
IR	Pass	11:31pm
FLO	Pass	11:31pm
FC	Pass	11:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:31pm
SRC	Pass	11:31pm
DET	Pass	11:31pm
BAR	Pass	11:31pm
BT	Pass	11:31pm

Blank Tests

Test	 Status	Time
ZITD	Dagg	11 · 32mm

Printer Tests

t _{erro}	CRC Tests	
PRNT	Pass	11:32pm
rest	Status	Triie

Test	Status	Time
COMP	Pass	11:32pm
CAL	Pass	11:32pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County RO	indolph-Liberty Instrument Location Bat Mobile Unit
Instrument Se	rial No. OOS Lo O)
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
OF COLETA	Davis B. Stancia 144

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008601 Test Date: 06/04/2011

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number:

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	9:01pm 9:03pm 9:03pm
AIR BLK	.00	9:04pm
SUB TEST AIR BLK	.00 .00	9:04pm 9:05pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Daya B Skynner Analyst

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008601

Test Record Number: 594

Test Date: 06/04/2011

Test Time: 9:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:12pm
FLO	Pass	9:12pm
FC	Pass	9:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:12pm
SRC	Pass	9:12pm
DET	Pass	9:12pm
BAR	Pass	9:12pm
BT	Pass	9:12pm

Blank Tests

Test	Status	Time
AIR	Pass	9:13pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:13pm
	CRC Tests	

Test	Status	Time
COMP	Pass	9:13pm
CAL	Pass	9:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Par	dolph-Liberty Instrument Location Bat Mobile Unit
Instrument Seri	al No. 008734
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program, and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736 Test Date: 06/04/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	9:04pm
AIR BLK	.00	9:05pm
ACCY CHK	.08	9:06pm
AIR BLK	.00	9:06pm
SUB TEST	.00	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:09pm
AIR BLK	. 0.0	9:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skynin

RANDOLPH COUNTY BAT MOBILE UNIT 2 750

Serial Number: 008736

Test Record Number: 313 Test Date: 06/04/2011 Test Time: 9:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:13pm
FLO	Pass	9:13pm
FC	Pass	9:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:13pm
SRC	Pass	9:13pm
DET	Pass	9:13pm
BAR	Pass	9:13pm
BT	Pass	9:13pm

Blank Tests

Status Test Time

AIR Pass 9:14pm

Printer Tests

Status Test Time

PRNT Pass 9:14pm

CRC Tests

Test Status Time

COMP Pass 9:14pm CAL Pass 9:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GASTON Instrume	ent Location BAT MOBILE	UNIT 3
Instrument S	Serial No. <u>008910</u>	GASTONIA, NC	
The preventi four months	ative maintenance procedures for the Intoximeters, s are:	Model Intox EC/IR II to be followed at le	ast once every
1.	Verify the ethanol gas canister displays pres 34 degrees, plus or minus .2 degree centigra	ssure, or the alcoholic breath simulator the	ermometer shows
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, coilect to	oreath sample;	
7.	When "PLEASE BLOW" appears, collect b	preath sample;	
8.	Print test record;		
.9,	Verify Diagnostic Program, and		**
10.	Verify that the ethanol gas canister is being simulator solution is being changed every for whichever occurs first.		
procedures w	t on the <u>03</u> day of <u>JUNE</u> were performed on the instrument indicated above of Health and Human Services, and the instrumen	, in accordance with current regulations of	ve maintenance f the N.C.
THE STATE OF THE S	al Rey B		
	Signature of Cert	ifying Official Certifica	te Number

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008910 Test Date: 06/03/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	7:45pm
AIR BLK	.00	7:46pm
ACCY CHK	.07	7:46pm
AIR BLK	.00	7:47pm
SUB TEST	.00	7:47pm
AIR BLK	.00	7:48pm
SUB TEST	.00	7:50pm
AIR BLK	.00	7:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008910 Test Record Number: 227

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:52pm
FLO	Pass	7:52pm
FC	Pass	7:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:52pm
SRC	Pass	7:52pm
DET	Pass	7:52pm
BAR	Pass	7:52pm
BT	Pass	7:52pm

Blank Tests

Test	Status	Time
AIR	Pass	7:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:53pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	7:53pm 7:53pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GASTON	Instrument Location		OBILE UNIT	- 3_
Instrument S	erial No. <u>008616</u>		GASTO	NIA, NC	
The preventi	ve maintenance procedures for the Ir	ntoximeters, Model Intox	EC/IR II to be	followed at least onc	e every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breat	h simulator thermome	eter show
2.	Verify instrument displays time	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;	/ 			
5.	Verify instrument accuracy;				•
6.	When "PLEASE BLOW" appo	ears, collect breath samp	le;		
7.	When "PLEASE BLOW" appe	ears, collect breath samp	le;		,-
8.	Print test record;				
9.	Verify Diagnostic Program; and	d		•	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed beinged every four months of	fore expiration or after 125 Ale	date, or the alcoholic coholic Breath Simula	breath ator tests,
I certify that procedures w Department of	on the <u>03</u> day of <u>Ju</u> vere performed on the instrument ind of Health and Human Services, and t	icated above, in accorda he instrument is function	the fonce with currenting properly.	rgoing preventive ma nt regulations of the N	intenance I.C.
A THE STATE	E O AM				
COREATOR	A CAROLLINE TO THE STATE OF THE				.i
ESE QUAM V	(Illu F	Lay Bams	· .	648	
	Sign	ature of Certifying Offic	cial	Certificate Nur	mber

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008616 Test Date: 06/03/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L Time
DIAG	Pass 7:46pm
AIR BLK	.00 7:47pm
ACCY CHK	.08 7:47pm
AIR BLK	.00 7:48pm
SUB TEST	.00 7:49pm
AIR BLK	.00 7:50pm
SUB TEST	.00 7:51pm
AIR BIK	.00 7.52pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Um Ray Ban Analyst

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008616 Test Date: 06/03/2011 Test Record Number: 1043
Test Time: 7:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:53pm
FLO	Pass	7:53pm
FC	Pass	7:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:53pm
SRC	Pass	7:53pm
DET	Pass	7:53pm
BAR	Pass	7:53pm
BT	Pass	7:53pm

Blank Tests

Test	Status	Time
		100
AIR	Pass	7:54pr

Printer Tests

Test	Status	Time
PRNT	Pass	7:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:54pm

Preventive Maintenance Status: Pass

Pass

CAL

7:54pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	GASTON Instrument Location BAT MOBILE UNIT 3
Instrument Se	rial No. 008647 GASTONIA, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedures w	on the <u>03</u> day of <u>Jule</u> , 20/1 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF WAY OF THE STATE OF TH	Charles 648
	Signature of Contifying Official Certificate Number

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008647 Test Date: 06/03/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	7:47pm
AIR BLK	.00	7:48pm
ACCY CHK	.08	7:48pm
AIR BLK	.00	7:49pm
SUB TEST	.00	7:50pm
AIR BLK	.00	7:51pm
SUB TEST	.00	7:52pm
AIR BLK	.00	7:53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Committee of the Commit

GASTON COUNTY BAT MOBILE UNIT 3 350

Serial Number: 008647

Test Record Number: 1095

Test Date: 06/03/2011

Test Time: 7:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:54pm
FLO	Pass	7:54pm
FC	Pass	7:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:54pm
SRC	Pass	7:54pm
DET	Pass	7:54pm
BAR	Pass	7:54pm
BT	Pass	7:54pm

Blank Tests

Test	Status	Time
AIR	Pass	7:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:55pm
	CDC Tests	

Test	Status	Time
COMP	Pass Pass	7:55pm 7:55pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

the committee was a second facility to the

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FORSYTH	Instrument Location BAT MOBILE UNIT 3
Instrument	Serial No. <u>008647</u>	WINSTON GALEM, NC
The prevent	tive maintenance procedures for the s are:	Intoximeters, Model Intox EC/IR II to be followed at least once eve
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer sidegree centigrade;
2.	Verify instrument displays tin	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	ď;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; ar	nd
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tes
	were betrotilied ou me mattament in	the forgoing preventive maintenant dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
TAN 20.1	E & A O O A H CAROLINA	
TEST QUAM	al_	Ray Bons 648
	T-1	nature of Certifying Official Certificate Number

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008647 Test Date: 06/04/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

g/210L	Time
Pass	9:32pm
.00	9:33pm
.08	9:34pm
.00	9:35pm
.00	9:35pm
.00	9:36pm
.00	9:37pm
.00	9:38pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anglys

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008647 Test Date: 06/04/2011

Test Record Number: 1098
Test Time: 9:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:40pm
FLO	Pass	9:40pm
FC	Pass	9:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:40pm
SRC	Pass	9:40pm
DET	Pass	9:40pm
BAR	Pass	9:40pm
BT	Pass	9:40pm

Blank Tests

Test	Status	Time
•		•
AIR	Pass	9:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:41pm
	CRC Tests	
Test	Status	Time

COMP Pass 9:41pm Pass 9:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FORSYTH	Instrument Location_	BAT MOBILE UNIT 3
Instrumen	t Serial No. <u>008616</u>		WINSTON SALEM, DC
The preve	ntive maintenance procedures for the	ne Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus	ster displays pressure, or the a 2 degree centigrade;	lcoholic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence) ;	
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	,, ,	
6.	When "PLEASE BLOW"	appears, collect breath sample	2 ',
7.	When "PLEASE BLOW"	appears, collect breath sample	2 ;
8.	Print test record;	•	.,
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed bef changed every four months o	ore expiration date, or the alcoholic breath rafter 125 Alcoholic Breath Simulator tests,
procedure	hat on the <u>04</u> day of es were performed on the instrument of Health and Human Services,	t indicated above, in accordar	the forgoing preventive maintenance maintenance with current regulations of the N.C. ing properly.
COREAT SE	TATE OF NORTH	Ray Ban	Lial Certificate Number

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008616 Test Date: 06/04/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	9:26pm
AIR BLK	.00	9:27pm
ACCY CHK	.08	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008616

Test Record Number: 1046

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:33pm
FLO	Pass	9:33pm
FC	Pass	9:33pm

Temperature Tests

Test	Status	Status Time		
FC1	Pass	9:33pm		
SRC	Pass	9:33pm		
DET	Pass	9:33pm		
BAR	Pass	9:33pm		
BT	Pass	9:33pm		

Blank Tests

Test	Status	Time
AIR	Pass	9:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:34pm
	CRC Tests	
Test	Status	Time

Pass 9:34pm

Pass 9:34pm

Preventive Maintenance Status: Pass

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	FORSYTH	Instrument Location BAT Me	
Instrument Ser	ial No. <u>008910</u>	WINSTE	ON SALEM NC
The preventive four months ar		toximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration de ged every four months or after 125 Alco	ate, or the alcoholic breath holic Breath Simulator tests,
procedures we	re performed on the instrument indi	the forg icated above, in accordance with current ne instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF THE STATE	alm 6	Ray Bons	648

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008910 Test Date: 06/04/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	9:24pm
AIR BLK	.00	9:25pm
ACCY CHK	.07	9:26pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:29pm
ATR BIK	0.0	9 30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Muley Analysi

FORSYTH COUNTY BAT MOBILE UNIT 3 330

Serial Number: 008910 Test Record Number: 231
Test Date: 06/04/2011 Test Time: 9:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time		
IR	Pass	9:31pm		
FLO	Pass	9:31pm		
FC	Pass	9:31pm		

Temperature Tests

Test	Status	Time
FC1	Pass	9:31pm
SRC	Pass	9:31pm
DET	Pass	9:31pm
BAR	Pass	9:31pm
BT	Pass	9:31pm

Blank Tests

Test	St	atus		T1	me	
100		20	٠.		1, 1	
AIR	Pa	ss		9:	32pr	n

Printer Tests

Test Status Time

PRNT	Pass	9:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:32pm 9:32pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	(A) Negarie	T3 11 1 1	OA EC/I.	V 11
County //	IEW MAROUR Instrument L	ocation	ISAT	Mobile Gar
Instrument Se	erial No. <u>068869</u>			
	2.000			
The				
four months a	re maintenance procedures for the Intoximeters, Modre:	el Intox E(C/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays pressure, 34 degrees, plus or minus .2 degree centigrade;	or the alc	oholic breath	simulator thermometer show
2.	Verify instrument displays time and date;			
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath	sample;		
7.	When "PLEASE BLOW" appears, collect breath			
8.	Print test record;	• •		
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canister is being change simulator solution is being changed every four mo	ed before 6	exniration dat	a or the electric
	simulator solution is being changed every four mo- whichever occurs first.	nths or after	er 125 Alcoh	e, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures were Department of I	theday ofeperformed on the instrument indicated above, in accident and Human Services, and the instrument is fun	_, 20 <u>//</u> cordance w	the forgoi vith current re properly.	ng preventive maintenance gulations of the N.C.
THE STATE OF NO. 1775 AND THE STATE OF NO. 1	M.C. Shock	Picha an		601
	Signature of Certifying C	fficial		Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 06/26/2011

Test Record Number: 479
Test Time: 3:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:00pm 4:00pm
FC	Pass	4:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:00pm
SRC	Pass	4:00pm
DET	Pass	4:00pm
BAR	Pass	4:00pm
BT	Pass	4:00pm

Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:01pm

Preventive Maintenance Status: Pass

Pass

4:01pm

CAL

M.C. Malyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 06/26/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	3:50pm 3:51pm 3:52pm 3:53pm 3:53pm 3:54pm 3:56pm 3:57pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Fr. C. pledolanda

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	VEW Honover Instrument Location 1347 M63.18 Uni
Instrument	Serial No. 0088 98
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that o ocedures we epartment of	on the
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 06/25/2011

Test Record Number: 566
Test Time: 4:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:56pm
FLO	Pass	4:56pm
FC	Pass	4:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:56pm
SRC	Pass	4:56pm
DET	Pass	4:56pm
BAR	Pass	4:56pm
BT	Pass	4:56pm

Blank Tests

Test	Status	Time
AIR	Pass	4:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:57pm 4:57pm

Preventive Maintenance Status: Pass

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008898 Test Date: 06/25/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	4:38pm 4:39pm
ACCY CHK	.08	4:39pm
AIR BLK	.00	4:40pm
SUB TEST	.00	4:41pm
AIR BLK	.00	4:42pm
SUB TEST	.00	4:43pm
AIR BLK	.00	4:44pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

- Fr. C. Alhocka

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NEW HANDUER Instrument Location BAT WOB, le Uni
Instrument	Serial No
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5,	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
STATE STATE ON SON 19, 175	C NORTH CARD TO THE CARD TO TH
ESSE QUAM VIE	K.C. School 601
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 06/25/2011

Test Record Number: 473 Test Time: 4:53pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:53pm
FLO	Pass	4:53pm
FC	Pass	4:53pm

Temperature Tests

DET Pass 4:54pm	Test	Time
7m ± 4:54pn	SRC DET BAR	4:54pm 4:54pm 4:54pm 4:54pm 4:54pm

Blank Tests

Test	Status	Time
AIR	Pass	4:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:54pm 4:54pm

Preventive Maintenance Status: Pass

K. C. Mood

NEW HANOVER COUNTY BAT MOBILE UNIT 6

Serial Number: 008869 Test Date: 06/25/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00 .00	4:44pm 4:45pm 4:45pm 4:46pm 4:47pm 4:48pm 4:49pm 4:50pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	lew Handur Instrument Location BAT mobile Unit
Instrument S	Serial No. 068939
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	K.C. Made 60/
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939

Test Record Number: 559

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:53pm
FLO	Pass	4:53pm
FC	Pass	4:54pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	4:54pm 4:54pm 4:54pm 4:54pm 4:54pm

Blank Tests

Test	Status	Time
AIR	Pass	4:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:55pm 4:55pm

4:55pm

Preventive Maintenance Status: Pass

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008939 Test Date: 06/25/2011

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	4:42pm 4:42pm
ACCY CHK	.08	4:43pm
AIR BLK SUB TEST	.00 .00	4:44pm
AIR BLK	.00	4:44pm 4:45pm
SUB TEST	.00	4:47pm
AIR BLK	.00	4:48pm

Reported AC: /.00 g/210L

Signature of Chemical Analyst

Court CVR

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PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	New Hanguer Instrument Location 12 a T
Instrumen	Instrument Location 13 AT Mobile Unit the Serial No. 008939
The prever four month	s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests.
I certify that on procedures were Department of H	theday of
TAN 20, 175 NATE OF THE STATE OF THE STATE OF THE STATE OF THE OFFICE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF	THE CANONICAL STREET OF THE CA
	Signature of Certifying Official Certificate N

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939

Test Record Number: 562
Test Time: 5:28pm EDT

Test Date: 06/26/2011 Test Time: 5:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:29pm
FLO	Pass	5:29pm
FC	Pass	5:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:29pm
SRC	Pass	5:29pm
DET	Pass	5:29pm
BAR	Pass	5:29pm
BT	Pass	5:29pm

Blank Tests

Test	Status	Time
AIR	Pass	5:30pm

Printer Tests

Test

Status

Time

PRNT	Pass	5:30pm
	CRC Tests	
Test	Status	Time

COMP Pass 5:30pm CAL Pass 5:30pm

Preventive Maintenance Status: Pass

Jo. C. Moorle
Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939 Test Date: 06/26/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DEAG AER BLK ACCY CHK AER BLK SUB TEST AER BLK SUB TEST	Pass .00 .08 .00 .00	5:21pm 5:22pm 5:23pm 5:24pm 5:24pm 5:25pm
SUB TEST AIR BLK	.00 .00	5:27pm
··		- : Z / OM

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

R.C. Mass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County &	n5/oc/ Instrument Location BA	mabile.
Instrument S	to a /	, , , , , , , , , , , , , , , , , , ,
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	-
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alcowhichever occurs first.	ate, or the alcoholic breath pholic Breath Simulator tests,
I certify that of procedures we Department of	on the	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S		
* ESE QUAM VIDE	K.C. Mod	601
	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 06/18/2011

Test Record Number: 461 Test Time: 9:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:27pm
FLO	Pass	9:27pm
FC	Pass	9:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:28pm
SRC	Pass	9:28pm
DET	Pass	9:28pm
BAR	Pass	9:28pm
BT	Pass	9:28pm

Blank Tests

Test	Status	Time
AIR	Pass	9:28pm

Printer Tests

		. D
Test	Status	Time
PRNT	Pass	9:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:28pm 9:28pm

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 06/18/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:17pm 9:18pm 9:19pm
AIR BLK	.00	9:20pm
SUB TEST AIR BLK	.00 .00	9:20pm 9:21pm
SUB TEST ATR BLK	.00	9:23pm

Reported AC: \$\int 0 \, g/210]

Signature of Chemical Analyst

Court CVR

Analyst

Auaiys

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 0	Instrument Location BAT MG 6: 1eury
Instrument S	erial No. 1008869 SWanshow
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE OVER NO. 125 TO STATE OF THE STATE OF	CARD I

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 06/18/2011

Test Record Number: 461 Test Time: 9:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:27pm
FLO	Pass	9:27pm
FC	Pass	9:27pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:28pm 9:28pm 9:28pm 9:28pm 9:28pm
		~ · 40pm

Blank Tests

Test	Status	Time
AIR	Pass	9:28pm

Printer Tests

Status

Time

Test

PRNT	Pass	9:28pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:28pm 9:28pm

Preventive Maintenance Status: Pass

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 06/18/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	9:17pm 9:18pm 9:19pm 9:20pm 9:20pm 9:21pm
SUB TEST	.00	9:23pm
AIR BLK	.00	9 · 24 pm

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

f. C. Mod

Anaiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	1560 Instrument Location 3ATM661/e Unit
Instrument Ser	rial No. 008939 Swansbord
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
STATE OUR STATE OF THE STATE OF	CAROLLI CAROLL

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939

Test Record Number: 553 Test Time: 9:25pm EDT

Test Date: 06/18/2011

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:26pm
FLO	Pass	9:26pm
FC	Pass	9:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:26pm
SRC	Pass	9:26pm
DET	Pass	9:26pm
BAR	Pass	9:26pm
BT	Pass	9:26pm

Blank Tests

Test	Status	Time
AIR	Pass	9:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:27pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:27pm 9:27pm

Preventive Maintenance Status: Pass

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 06/18/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Mxp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	9:16pm
AIR BLK ACCY CHK	.00 .08	9:17pm 9:18pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:19pm
ATR BLK	.00	9:20pm
SUB TEST	.00	9:22pm
AIR BLK	.00	9:22pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	slow Instrument Location BAT Mobile Unit
Instrument Seria	1 No. <u>608939</u> <u>Jacksonville</u>
 The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	he, 20// the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	
The state of the s	K. C. Mhodr— College Signature of Certifying Official Certificate Number
	Continue 14dilloi

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 06/23/2011

Test Record Number: 556 Test Time: 9:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
FLO	Pass	9:31pm
FC	Pass	9:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:31pm
SRC	Pass	9:31pm
DET	Pass	9:31pm
BAR	Pass	9:31pm
BT	Pass	9:31pm

Blank Tests

Test	Status	Time
AIR	Pass	9:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:32pm
	CRC Tests	

		-
COMP	Pass	9:32pm
CAL	Pass	9:32pm

Status

Time

Preventive Maintenance Status: Pass

Test

Malyst Analyst

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 06/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	9:22pm
AIR BLK	.00	9:23pm
ACCY CHK	.08	9:24pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:26pm
AIR BLK	.00	9:27pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:29pm

Reported AC: .09 g/210L

Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		INTOXIMETERS, MODEL INTOX EC/IR II
	County &	Instrument Location BAT MO6: 18 un
	Instrument	Serial No. 008869 Jackson Ville
	The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
j	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I (pr De	certify that or ocedures wer epartment of	the 33 day of 50 c , 20 1 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
A.F. GREAT	OF THE STATE OF OF THE STATE OF	
	QUAM VIDEO	- G. C. Mach
i d		Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 06/23/2011 Test Record Number: 468
Test Time: 9:31pm EDT

lest lime: 9:31pm EDI

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:31pm
FLO	Pass	9:31pm
FC	Pass	9:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:32pm
SRC	Pass	9:32pm
DET	Pass	9:32pm
BAR	Pass	9:32pm
BT	Pass	9:32pm
SRC DET BAR	Pass Pass Pass	9:32pr 9:32pr 9:32pr

Blank Tests

Test	Status	Time
AIR	Pass	9:32pm

Printer Tests

Status Time

9:32pm

Test

CAL

PRNT	Pass	9:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:32pm

Preventive Maintenance Status: Pass

Pass

12 College

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 06/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Teat

ICSC	9/2101	111116
DIAG	Pass	9:24pm
AIR BLK	.00	9:25pm
ACCY CHK	.08	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:27pm
AIR BLK	.00	9:28pm
SUB TEST	.00	9:29pm

a/2101.

Time

9:30pm

Reported AC: .00 g/210L

AIR BLK .00

Signature of Chemical Analyst

Court CVR

K. C. Shock

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		rs, Model Intox	CEC/IR II
County_	BRUNSWICK	Instrument Location/	SAI Mobile unit
Instrume		Beunswie	
· <u></u>			
The prevenue four mon	entive maintenance procedures for the I ths are:	ntoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcohogree centigrade;	lic breath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ars, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	,
8.	Print test record;	· · · · · · · · · · · · · · · · · · ·	
9,	Verify Diagnostic Program, and	,	
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expi ged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that procedures Department	were performed on the instrument indiction of Health and Human Services, and the	cated above, in accordance with a instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. erly.
OF THE STATE	TE OF NO.	A A	
CREA	ON THE REAL PROPERTY OF THE PARTY OF THE PAR		
AFRIL 12. Y		holl	601
	'Signati	ure of Certifying Official	Certificate Number

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939

Test Record Number: 539

Test Date: 06/10/2011 Test Time: 10:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:17pm
FLO	Pass	10:17pm
FC	Pass	10:17pm

Temperature Tests

SRC Pass 10:17pm	Test	Status	Time
BAR Pass 10:17pm	SRC DET BAR	Pass Pass Pass	10:17pm 10:17pm 10:17pm 10:17pm 10:17pm

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:18pm
	CRC Tests	,
Test	Status	Time
COMP CAL	Pass Pass	10:18pm 10:18pm

Preventive Maintenance Status: Pass

Intox EC/IR-II: Subject Test of the A

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008939 Test Date: 06/10/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DEAG AER BLK ACCY CHK AER BLK	Pass .00 .08 .00	10:07pm 10:08pm 10:08pm 10:09pm
SUB TEST	.00	10:10pm
AIR BLK SUB TEST	.00	10:11pm
AIR BLK	.00 .00	10:12pm 10:13pm
		_ · · · · D D III

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County Co.	INTOXIMETERS, MODEL INTOX EC/IR II THE SET INSTRUMENT Location BAT MOSILE LINET
		al No. 0088 98 Beaufort 7.3.
	The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
1	I certify that on a procedures were Department of H	the
	THE STATE OF NO. 1775 N. W. 20, 1775	Signature of Certifying Official Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898

Test Record Number: 560

Test Date: 06/11/2011 Test Time: 11:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:57pm
FLO FC	Pass Pass	11:57pm 11:57pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:57pm
SRC	Pass	11:57pm
DET	Pass	11:57pm
BAR	Pass	11:57pm
BT	Pass	11:57pm

Blank Tests

Test	Status	Time
AIR	Pass	11:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:58pm

Preventive Maintenance Status: Pass

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008898 Test Date: 06/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:49pm 11:50pm 11:51pm 11:52pm 11:52pm 11:53pm
SUB TEST	.00	11:54pm
AIR BLK	.00	11:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ju C. Misst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

200	INTOXIMETERS, MODEL INTOX EC	/IR II
County (instrument Location 13A	- mobile un
Instrument S	Serial No. 668939 BEAURINA	P.D.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to	1 000
four months	are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Al whichever occurs first.	date, or the alcoholic breath coholic Breath Simulator tests,
	on theday of, 20, the former performed on the instrument indicated above, in accordance with currer Health and Human Services, and the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
STATE OF STA		
Winner St.	Signature of Certifying Official	601
	Signature of Certifying Official	Certificate Number

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939

Test Record Number: 543

Test Date: 06/11/2011

Test Time: 7:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:50pm
FLO	Pass	7:50pm
FC	Pass	7:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:50pm 7:50pm
SRC DET	Pass Pass	7:50pm 7:50pm
BAR	Pass	7:50pm
BT	Pass	7:50pm

Blank Tests

Test	Status	Time
AIR	Pass	7:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:51pm

Preventive Maintenance Status: Pass

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008939 Test Date: 06/11/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803

Exp Date: 01/28/2012

Time g/210L Test 7:39pm Pass DIAG

7:40pm ATR BLK .00 ACCY CHK .08 7:41pm 7:41pm AIR BLK .00

7:42pm SUB TEST .00 7:43pmATR BLK .00

7:45pm SUB TEST .00

7:46pm ATR BLK .00

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

K. C. March

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	intoximeters,	MODEL INTO	OX EC/II	RII	
County	interet Inc	strument Location	BAT	Mobile	Um
Instrument Ser	rial No. <u>008869</u>	BEAULO	- f b	P.D.	
The preventive four months ar	e maintenance procedures for the Intoximere:	eters, Model Intox E	C/IR II to be t	followed at least once	every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce	's pressure, or the alo	coholic breath	simulator thermomet	er show
2.	Verify instrument displays time and da	ate;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears, co	llect breath sample;			
7.	When "PLEASE BLOW" appears, col	lect breath sample;			
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canister is b simulator solution is being changed even whichever occurs first.	eing changed before ery four months or a	expiration da fter 125 Alcoh	te, or the alcoholic broolic Breath Simulato	eath r tests,
I certify that on procedures were Department of H	theday ofe performed on the instrument indicated a Health and Human Services, and the instru	NOVE IN accordance	Milith Allewant .	ing preventive maint egulations of the N.C	enance
TOTAL STATE OF NAME OF NAME OF NAME OF STATE OF NAME OF STATE OF NAME OF STATE OF ST	CAROLLI CAROLL	/		į, v	
	K. C. Signature of	Certifying Official		60/	
	, oignature or	Countying Official		Certificate Number	er

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869

Test Record Number: 449

Test Date: 06/11/2011

Test Time: 7:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:50pm
FLO	Pass	7:50pm
FC	Pass	7:50pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:50pm
SRC	Pass	7:50pm
DET	Pass	7:50pm
BAR	Pass	7:50pm
\mathtt{BT}	Pass	7:50pm

Blank Tests

Test	Status	Time
AIR	Pass	7:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:51pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:51pm

Preventive Maintenance Status: Pass

Pass

7:51pm

CAL

CARTERET COUNTY BAT MOBILE UNIT 6 150

Serial Number: 008869 Test Date: 06/11/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803

Exp Date: 01/28/2012

Test	g/210L	Time

DIAG	Pass	7:41pm
AIR BLK	.00	7:42pm
ACCY CHK	.08	7:42pm
AIR BLK	.00	7:43pm
SUB TEST	.00	7:44pm
AIR BLK	.00	7:44pm
SUB TEST	.00	7:46pm
AIR BLK	.00	7:47pm

Reported AC:

of Chemical Analyst

Court CVR

K. C. Phoch

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	\mathcal{P} -	INTOXIMETERS, MODEL INTOX EC/IR II Zanswick Instrument Location 13 AT M65	· la lua
	L.m.	al No. 008869 Wild/fe	ne con
	The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lea:	st once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator ther 34 degrees, plus or minus .2 degree centigrade;	mometer shows
	2.	Verify instrument displays time and date;	
	3.	Initiate breath test sequence;	
	4.	Enter information as prompted;	
	5.	Verify instrument accuracy;	
	6.	When "PLEASE BLOW" appears, collect breath sample;	
	7.	When "PLEASE BLOW" appears, collect breath sample;	A D
2	8.	Print test record;	•
	9.	Verify Diagnostic Program; and	
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alco simulator solution is being changed every four months or after 125 Alcoholic Breath S whichever occurs first.	
	procedures were	the	e maintenance the N.C.
	THE STATE OF A PRINCIPLE OF A PRINCI	Signature of Certifying Official Certificate	<u> </u>

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869

Test Record Number: 452
Test Time: 3:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:41pm
FLO	Pass	3:41pm
FC	Pass	3:41pm

Temperature Tests

Status	Time
Pass	3:41pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	3:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:42pm

Preventive Maintenance Status: Pass

CAL

Pass

3:42pm

K.C. Mache

BRUNSWICK COUNTY BAT MOBILE UNIT 6 090

Serial Number: 008869 Test Date: 06/12/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	3:32pm
AIR BLK	.00	3:33pm
ACCY CHK	.08	3:34pm
AIR BLK	.00	3:35pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ho Cyllosola Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		INTOXIMETERS, MODEL INTOX EC/IR II
	County On	Slow Instrument Location 347 Mosile Uni
	Instrument Seria	INO. 008939 Jacksonville P.D
	The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
y Y	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		the
	THE STATE OF A THE ST	Collanda Col
	. •	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 06/17/2011 Test Record Number: 549
Test Time: 9:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:07pm
FLO	Pass	9:07pm
FC	Pass	9:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:07pm
SRC	Pass	9:07pm
DET	Pass	9:07pm
BAR	Pass	9:07pm
\mathtt{BT}	Pass	9:07pm

Blank Tests

Test	Status	Time
AIR	Pass	9:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:08pm
	CRC Tests	
Test	Status	Time

9:08pm

9:08pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

K. C. Shock

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008939 Test Date: 06/17/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DEAG AER BLK ACCY CHK AER BLK SUB TEST AER BLK	Pass .00 .08 .00 .00	8:59pm 9:00pm 9:01pm 9:01pm 9:02pm 9:03pm
SUB TEST	.00	9:04pm
AIR BLK	.00	9:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County O	15/00 Instrument Location BAT M66:12 Un
Instrument Se	erial No. 008869 Jackson Ville PD
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6,	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the
STATE ONE STATE OF THE STATE OF	
	Signature of Certifying Official Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 06/17/2011 Test Record Number: 456
Test Time: 9:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:19pm
FLO	Pass	9:19pm
FC	Pass	9:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:19pm
SRC	Pass	9:19pm
DET	Pass	9:19pm
BAR	Pass	9:19pm
\mathtt{BT}	Pass	9:19pm

Blank Tests

Test	Status	Time
ATR	Pass	9:19pm

Printer Tests

Status

Time

9:20pm

Test

CAL

PRNT	Pass	9:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:20pm

Preventive Maintenance Status: Pass

Pass

F. C. Masch

ONSLOW COUNTY BAT MOBILE UNIT 6 660

Serial Number: 008869 Test Date: 06/17/2011

Citation Number: M0000000-0

___Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

		1000-	'
Test	a,	/210L	Time

		•
DIAG	Pass	9:06pm
AIR BLK	.00	9:07pm
ACCY CHK	.08	9:07pm
AIR BLK	.00	9:08pm
SUB TEST	.00	9:10pm
AIR BLK	.00	9:11pm
SUB TEST	.00	9:12pm
AIR BLK	.00	9:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	đ	INTUXIMETERS, MODEL INTOX EC/IR II
	County AV	Instrument Location Bance FIR PD
-	Instrument Se	
	The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
A.	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	procedures wer	theday of, 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
	THE STATE OF THE S	
		Signature of Certifying Official Certificate Number

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 06/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	5:42pm 5:43pm
ACCY CHK	.08	5:44pm
AIR BLK	.00	5:45pm
SUB TEST	.00	5:45pm
AIR BLK	.00	5:46pm
SUB TEST	.00	5:48pm
AIR BLK	.00	5:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724

Test Record Number: 231

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:50pm
FLO	Pass	5:50pm
FC	Pass	5:50pm

Temperature Tests

Status	Time
Pass	5:50pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	5:51pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:51pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:51pm 5:51pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	Dowell Instrument Location Mc Dowell Co. Jail
 Instrument Seria	al No. <u>008808</u> Marion, NC
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
 6,	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the 2.3 day of John day of the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. fealth and Human Services, and the instrument is functioning properly.
THE STATE OF N. 1775.	
	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008808 Test Date: 06/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	5:07pm 5:08pm 5:08pm 5:09pm
SUB TEST	.00	5:09pm
AIR BLK	.00	5:10pm
SUB TEST	.00	5:12pm
AIR BLK	.00	5:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008808 Test Date: 06/23/2011

Test Record Number: 391 Test Time: 5:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:14pm 5:14pm
FC	Pass	5:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:14pm
SRC	Pass	5:14pm
DET	Pass	5:14pm
BAR	Pass	5:14pm
BT	Pass	5:14pm

Blank Tests

Test	Status	Time
AIR	Pass	5:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:15pm 5:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WANGE Instrument Location + 1/15 BOROUGH P.D.
Instrument Se	orial No. 008799 127 N. CHURTUN S. HILLSBYRENCH
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE ONE IT.	

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 06/21/2011

Citation Number: M0000000-0

Subject's Name:

PREVETIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102602

Exp Date: 01/26/2013

Test g/210L Time

DIAG	Pass	10:16am
AIR BLK	.00	10:17am
ACCY CHK	.07	10:18am
AIR BLK	.00	10:19am
SUB TEST	.00	10:19am
AIR BLK	.00	10:20am
SUB TEST	.00	10:22am
AIR BLK	. 00	10·23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 06/21/2011

Test Record Number: 864
Test Time: 10:24am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:25am 10:25am
FC	Pass	10:25am

Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
BT	Pass	10:25am

Blank Tests

Test	Status	Time
AIR	Pass	10:25am

Printer Tests

Test	Status	Time
PRNT	Pass	10:25am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:26am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	ison-Wilson Instrument Location Box Mobile Unit
Instrument Ser	rial No. 008909
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures were Department of	the 30 day of 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TO THE STATE OF TH	Signature of Certifying Official Certificate Number

WILSON COUNTY BATMOBILE UNIT 2 970

Serial Number: 008929 Test Date: 06/30/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

__

Lot Number: AG106703 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	11:17pm 11:18pm
ACCY CHK	.08	11:18pm
AIR BLK SUB TEST	.00 .00	11:19pm 11:20pm
AIR BLK	.00	11:21pm
SUB TEST	۰00	11:23pm
AIR BLK	.00	11:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jonya B 5 Kinnin

WILSON COUNTY BATMOBILE UNIT 2 970

Serial Number: 008929

Test Record Number: 325

Test Date: 06/30/2011

Test Time: 11:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:29pm
FLO	Pass	11:29pm
FC	Pass	11:29pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	11:29pm 11:29pm 11:29pm 11:29pm
\mathtt{BT}	Pass	11:29pm

Blank Tests

Test	Status	Time
AIR	Pass	11:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:30pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:30pm 11:30pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

100000

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County U	ilson-Wilson Instrument Location Bot Mobile Unit
Instrument Se	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the 30 day of 4, 20 1 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. if Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WILSON COUNTY BAT MOBILE UNIT 2 970

Serial Number: 008736 Test Date: 06/30/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106701 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:30pm 11:31pm 11:32pm 11:33pm
AIR BLK	.00	11:34pm
SUB TEST	.00	11:36pm
AIR BLK	.00	11:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Standard

WILSON COUNTY BAT MOBILE UNIT 2 970

Serial Number: 008736 Test Date: 06/30/2011

Test Record Number: 332
Test Time: 11:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:45pm
FLO	Pass	11:45pm
FC	Pass	11:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:46pm
SRC	Pass	11:46pm
DET	Pass	11:46pm
BAR	Pass	11:46pm
\mathtt{BT}	Pass	11:46pm

Blank Tests

Test Status Time

AIR Pass 11:46pm

Printer Tests

Status

Time

Test

PRNT Pass 11:46pm

CRC Tests

Test Status Time

COMP Pass 11:47pm
CAL Pass 11:47pm

Preventive Maintenance Status: Pass

Anglyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HOKE Instrument Location 1-loke Co. DETENTION C77
Instrument Seri	al No. 008852 RAEFORD NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	theday of
CREATE STATE OF THE STATE OF TH	
William Bridge	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 06/24/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002802 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	10:02am
AIR BLK	.00	10:02am
ACCY CHK	.08 "	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:05am
AIR BLK	.00	10:05am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 06/24/2011 Test Record Number: 380 Test Time: 10:11am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:11am
FLO	Pass	10:11am
FC	Pass	10:11am

Temperature Tests

Status	Time
Pass	10:11am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	10:12am	

Printer Tests

Test	Status	Time
PRNT	Pass	10:12am
·	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:12am 10:12am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	ECKLENBURG	Instrument Location BAT /	MOBILE UNIT 3
Instrument Se	erial No. <u>008614</u>	CORA	NECIUS, NC
The preventiv	re maintenance procedures for the	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic budegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tis	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	·
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 and 125	
I certify that or procedures we Department of	ere performed on the instrument in	ndicated above, in accordance with curl the instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
THE STATE OF THE S	# CAROLINA	4	
OTHER QUAN VIDE	Chu Re	y Barres gnature of Certifying Official	<u>648</u>
	Sig	gnature of Centifying Official	Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 06/24/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	6:35pm
AIR BLK	.00	6:36pm
ACCY CHK	.08	6:36pm
AIR BLK	.00	6:37pm
SUB TEST	.00	6:38pm
AIR BLK	.00	6:39pm
SUB TEST	.00	6:40pm
AIR BLK	.00	6:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616

Test Record Number: 1078

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:42pm
FLO	Pass	6:42pm
FC	Pass	6:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:42pm
SRC	Pass	6:42pm
\mathtt{DET}	Pass	6:42pm
BAR	Pass	6:42pm
BT	Pass	6:42pm

Blank Tests

Test	,	Status	Time
AIR		Pass	6:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:43pm 6:43pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_ME	ECKLENBURG Instrument	Location BAT MOBIL	LE UNIT 3
Instrument Ser	ial No. <u>008647</u>	CORNELIU	15, NC
The preventive four months ar	maintenance procedures for the Intoximeters, Me:	odel Intox EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrad		ulator thermometer shows
2.	Verify instrument displays time and date;	e e	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect br	eath sample;	
7.	When "PLEASE BLOW" appears, collect br	eath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being c simulator solution is being changed every for whichever occurs first.	hanged before expiration date, our months or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
procedures wer	the 24 day of Jone re performed on the instrument indicated above, Health and Human Services, and the instrument	in accordance with current regu	preventive maintenance lations of the N.C.
THE STATE OF THE S	Olu Ray Barn Signature of Certi	€ fying Official	しせ8 Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 06/24/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	6:32pm 6:33pm 6:33pm 6:34pm 6:35pm 6:36pm
SUB TEST	.00	6:37pm
AIR BLK	.00	6:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 06/24/2011

Test Record Number: 1114
Test Time: 6:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:39pm
FLO	Pass	6:39pm
FC	Pass	mage:6

Temperature Tests

Test	Status	Time
FC1	Pass	6:39pm
SRC	Pass	6:39pm
DET	Pass	6:39pm
BAR	Pass	6:39pm
BT	Pass	6:39pm

Blank Tests

Test	Status	Time
AIR	Pass	ნ:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:40pm 6:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECK LENBURG	Instrument Location_	BAT MOBILE UNIT 3	
Instrument S	Serial No. <u>008916</u>	7	CORNELIUS NC	
The preventi four months	ve maintenance procedures for the Intare:	toximeters, Model Intox	EC/IR II to be followed at least once ever	у
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the a ree centigrade;	elcoholic breath simulator thermometer sh	ow
2.	Verify instrument displays time	and date;	,	
3.	Initiate breath test sequence;		,	
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appea	rs, collect breath sample	;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	;	
8.	Print test record;			n-
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canists simulator solution is being chang whichever occurs first.	er is being changed befor ed every four months or	re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator test	s,
procedures we	on the <u>Z4</u> day of <u>Jone</u> ere performed on the instrument indica f Health and Human Services, and the	ated above, in accordance	the forgoing preventive maintenance with current regulations of the N.C. ag properly.	ce.
THE STATE OF THE S	CAROLINICAROLIN			
WAND STATE	Ulm Kay	Barnes	648	
	Signati	re of Certifying Official	Certificate Number	

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

> Serial Number: 008910 Test Date: 06/24/2011

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E Effective: 10/01/2009-10/01/2011

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	6:37pm
AIR BLK	.00	6:38pm
ACCY CHK	.07	6:38pm
AIR BLK	.00	6:39pm
SUB TEST	.00	6:40pm
AIR BLK	.00	6:41pm
SUB TEST	.00	6:42pm
AIR BLK	.00	6:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Ban Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008910 Test Date: 06/24/2011

Test Record Number: 258
Test Time: 6:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:44pm
FLO	Pass	6:44pm
FC	Pass	6:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:44pm
SRC	Pass	6:44pm
DET	Pass	6:44pm
BAR	Pass	6:44pm
BT	Pass	6:44pm

Blank Tests

Test	Status	Time
AIR	Pass	6:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:45pm 6:45pm

Preventive Maintenance Status: Pass

alu Ray Bares Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Instrument Location BAT MOBILE UNIT 3
CountyD	avidson Instrument Location 13117
Instrument Ser	al No. OU8910 LEXINGTON, NC
- msu ument ber	
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
. 8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 30 day of JUNE , 20 11 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CREAT STATE OF STATE	
WIND STATE OF THE	Signature/of Certifying Official Certificate Number
	Signature/or Certifying Official

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008910 Test Date: 06/30/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703

Exp Date: 04/27/2012

DIAG	Pass	8:00pm
AIR BLK	.00	8:01pm
ACCY CHK	.07	8:02pm
AIR BLK	.00	8:02pm
SUB TEST	.00	8:03pm
AIR BLK	.00	8:04pm
SUB TEST	.00	8:05pm
AIR BLK	.00	8:06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008910

Test Record Number: 273

Test Date: 06/30/2011

Test Time: 8:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:07pm
FLO	Pass	8:07pm
FC	Pass	8:07pm

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	8:07pm 8:07pm 8:07pm
BAR	Pass	8:07pm
\mathtt{BT}	Pass	8:07pm

Blank Tests

Test	Status	TIME
AIR	Pass	8:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	8:08pm 8:08pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Pit (o. Detention Center)
Instrument Se	erial NoDO 8668 124 Detention Dr., Greenville, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 30 th day of June, 20// the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROLLI CAROLL

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 06/30/2011

Citation Number: M0000000-0

_Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202

Exp Date: 03/23/2013

Test g/210L Time

Pass	3:34pm
.00	3:35pm
.08	3:36pm
.00	3:37pm
.00	3:37pm
.00	3:38pm
.00	3:40pm
.00	3:41pm
	.00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 1645

Test Date: 06/30/2011 Test Time: 3:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:42pm
FLO	Pass	3:42pm
FC	Pass	3:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:42pm
SRC	Pass	3:42pm
DET	Pass	3:42pm
BAR	Pass	3:42pm
\mathtt{BT}	Pass	3:42pm

Blank Tests

Test	Status	Time
AIR	Pass	3:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:43pm 3:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that	on the 30 th day of 100 c , 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 06/30/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

m
m
m
m
m
m
m
m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 1788

Test Date: 06/30/2011

Test Time: 2:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:35pm
FLO	Pass	2:35pm
FC	Pass	2:35pm

Temperature Tests

Status	Time
Pass	2:35pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:36pm
	CRC Tests	
Test	Status	Time

1000	Deacab	11
COMP	Pass	2:36pm
CAL	Pass	2:36pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

he preventi our months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
ocedures w	on the 30 H day of 100 , 20 / the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 06/30/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG102701 Exp Date: 01/27/2013

Test	g/210L	Time
DIAG AIR BLK	Pass .00	10:56am 10:57am
ACCY CHK	.08	10:57am
AIR BLK	.00	10:59am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
ATR BLK	. 0.0	11:02am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 1085 Test Date: 06/30/2011 Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:04am
FLO	Pass	11:04am
FC	Pass	11:04am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:04am 11:04am 11:04am 11:04am

Blank Tests

Test	Status	Time
AIR	Pass	1.1:04am

Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:05am 11:05am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NSON	Instrument Location //	USON CO.	Sheriffs o	DACKE
Instrument Seria	al No. <u>008597</u>	WADESCORD,	NC		
The preventive i	maintenance procedures for the	Intoximeters, Model Intox EC/I	[R II to be foll	lowed at least of	once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoh egree centigrade;	olic breath si	mulator thermo	meter show
2.	Verify instrument displays tin	ne and date;		•	
3.	Initiate breath test sequence;				•
4.	Enter information as prompte	d;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" ap	pears, collect breath sample;			•
7.	When "PLEASE BLOW" ap	pears, collect breath sample;			
8.	Print test record;			•	
9.	Verify Diagnostic Program; a	nd		# -	
10.	Verify that the ethanol gas car simulator solution is being ch whichever occurs first.	nister is being changed before e anged every four months or after	expiration date er 125 Alcoho	, or the alcoho lic Breath Sim	lic breath ulator tests,
I certify that on procedures were Department of I	the <u>22</u> day of <u>c</u> e performed on the instrument in Health and Human Services, and	ndicated above, in accordance v	vith current re	ng preventive r gulations of the	maintenance e N.C.
STATE OF THE STATE	SOLIN CAROLIN				
A FERE 12, 1718	The state of the s	ARamalo.	1	371	

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 06/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG002802 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.08	1:04pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signatuke of Chemical Analyst

Court CVR.

Analyst

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597

Test Record Number: 584

Test Date: 06/22/2011

Test Time: 1:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:10pm
FLO	Pass	1:10pm
FC	Pass	1:10pm

Temperature Tests

Status	Time
Pass	1:10pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:10pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:11pm 1:11pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	mistument Location / 1042
-Instrument-Se	HOKE Instrument Location HOKE CO DETENTIL orial-No. 008855 REPORD NC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomet 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic be simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator whichever occurs first.
I certify that of procedures we Department of	on the
Of THE STATE	
COREATE	
APRIL 12, 1176	

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 06/21/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	2:12pm 2:13pm 2:13pm 2:14pm
SUB TEST	.00	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
ATR BLK	- 00	2:18pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 06/21/2011 Test Record Number: 560 Test Time: 2:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:21pm
FLO	Pass	2:21pm
FC	Pass	2:21pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	2:21pm 2:21pm 2:21pm 2:21pm
\mathtt{BT}	Pass	2:21pm

Blank Tests

Test	Status	Time
AIR	Pass	2:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:22pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:22pm

Preventive Maintenance Status: Pass

Pass

CAL

2:22pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	MOORE Instrument Location / 5010 0710	s touce de
Instrument-Se	rial No	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follower:	•
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	ulator thermometer s
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	er e
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	. *
9.	Verify Diagnostic Program; and	alle-kelie bro
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic of colic Breath Simulator
I certify that procedures Departmen	t on the	ing preventive mainte egulations of the N.C.
TO THE ST.	AL CONTRACTOR OF THE CONTRACTO	

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 06/01/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

____Subject's_Sex:_Male

Driver's License State: NC Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	3:01pm 3:02pm 3:03pm 3:04pm 3:04pm 3:05pm
SUB TEST	.00	3:07pm
ATR BIK	. 00	3:07pm

Reported Act .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 06/01/2011 Test Record Number: 181 Test Time: 3:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:13pm
FLO	Pass	3:13pm
FC	Pass	3:13pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:13pm 3:13pm 3:13pm 3:13pm 3:13pm

Blank Tests

Test	Status	Time
AIR	Pass	3:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:14pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	3:14pm 3:14pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	10-10-		20100	- Q D - O - O - O - O - O - O - O - O -
County/	1 100RE	Instrument Location_	MEHURS,	T POUCE DEPT.
	AD 0710	PINEHUR	e- M	
Instrument Se	rial No. 000 110	/ INERUE	37, 74	
<u> </u>				
The preventiv	e maintenance procedures for the	Intoximeters, Model Intox	EC/IR II to be fol	lowed at least once every
four months a	re:	·		
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		alcoholic breath si	mulator thermometer shows
2.	Verify instrument displays tin	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sampl	le;	
7.	When "PLEASE BLOW" ap	pears, collect breath sampl	le;	
8.	Print test record;			
9.	Verify Diagnostic Program; a	nd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed bef anged every four months o	fore expiration date or after 125 Alcoho	e, or the alcoholic breath lic Breath Simulator tests,
I certify that of procedures w Department of	on the <u>O</u> day of <u>J</u> ere performed on the instrument in If Health and Human Services, and	ONE , 20 ndicated above, in accorda I the instrument is function	nce with current re	ng preventive maintenance gulations of the N.C.
STATE STATE				
OREA!				
APRIL 12, DT	max A	20	11	2-71
	Sij	gnature of Certifying Office	cial	Certificate Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 06/01/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

____Subject's_Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:03am 11:04am 11:05am
AIR BLK	.00	11:05am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am
SUB TEST	.00	11:09am
ATR BLK	. 0.0	11:10am

Reported

∮f Chemical Analyst

Court CVR

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 06/01/2011

Test Record Number: 610 Test Time: 11:11am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:12am
FLO	Pass	11:12am
FC	Pass	11:12am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:12am 11:12am
DET	Pass	11:12am
BAR	Pass	11:12am
BT	Pass	11:12am

Blank Tests

Test	Status	Time
AIR	Pass	11:13am

Printer Tests

Test

Status

Time

PRNT	Pass	11:13am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:13am 11:13am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County A	USON	Instrument Location Auson Co. S. O.
 Instrument-Se	erial-No. <u> </u>	
The prevention		ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer shows gree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	i
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	ears, collect breath sample;
7.	When "PLEASE BLOW" app	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; an	d
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
procedures v	on the <u>22 NO</u> day of <u>10</u> vere performed on the instrument into of Health and Human Services, and	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
TATE OF CATALOGUES	CAROLINA	nature of Certifying Official Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 06/22/2011 Test Record Number: 131 Test Time: 1:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:08pm
FLO	Pass	1:08pm
FC	Pass	1:08pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	1:09pm 1:09pm 1:09pm 1:09pm 1:09pm

Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm
	CRC Tests	٠
Test	Status	Time
COMP	Pass	1:09pm

Preventive Maintenance Status: Pass

Pass

1:09pm

CAL

Analyst

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 06/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002802 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	1:01pm 1:02pm
ACCY CHK	.08	1:02pm
AIR BLK	.00	1:03pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Lee Instrument Location Lee Co. Jail
Instrumen	Serial No
The prevention	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the <u>22 n2</u> day of <u>100e</u> , 20 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. into f Health and Human Services, and the instrument is functioning properly.
GREAT OF STATE OF STA	Signature of Certifying Official Certificate Number

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 947

Test Date: 06/22/2011

Test Time: 4:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:39pm 4:39pm
FC	Pass	4:39pm

Temperature Tests

Status	Time
Pass .	4:39pm
Pass	4:39pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	4:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:40pm

CRC Tests

Test	Status	Time
COMP	Pass	4:40pm
CAL	Pass	4:40pm

Preventive Maintenance Status: Pass

Analyst

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 06/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	4:31pm 4:32pm 4:32pm 4:33pm 4:34pm 4:35pm
SUB TEST	.00	4:37pm
AIR BLK	.00	4:38pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County MO	ore. Aberdeen Instrument Location Bot mobile Unit 3
	Instrument Seri	al No.DD8736
	The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
d d	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9,	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	I certify that on procedures wer Department of	the day of day o
	STATE OF STA	VORTH CAROUNT
	ESE QUAM VIDER	Donya B Skurrer 644
		Signature of Certifying Official Certificate Number

MOORE COUNTY BAT MOBILE UNIT 2 620

Serial Number: 008736 Test Date: 06/18/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Female Driver's License State: XX Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	9:07pm 9:09pm
ACCY CHK AIR BLK	.08 .00	9:09pm 9:10pm
SUB TEST	.00	9:11pm
AIR BLK SUB TEST	.00 .00	9:11pm 9:13pm
AIR BLK	.00	9:13pm 9:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY BAT MOBILE UNIT 2 620

Serial Number: 008736

Test Record Number: 321

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:26pm
FLO	Pass	9:26pm
FC	Pass	9:26pm

Temperature Tests

Status	Time
Pass	9:26pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

9:27pm AIR Pass

Printer Tests

Status Time Test

PRNT Pass 9:27pm

CRC Tests

Test Status Time

9:27pm COMP Pass CAL Pass 9:27pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	oore-Aderdeen Instrument Location Bot Mobile Unit 2
Instrument Se	erial-No. <u>008909</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of da
TOTAL STATE OF THE	

MOORE COUNTY BATMOBILE UNIT 2 620

Serial Number: 008929 Test Date: 06/18/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:06pm 9:07pm 9:07pm 9:08pm
AIR BLK SUB TEST	.00	9:09pm
AIR BLK SUB TEST	.00 . 00	9:10pm 9:12pm
AIR BLK	.00	9:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Sturing

MOORE COUNTY BATMOBILE UNIT 2 620

Serial Number: 008929

Test Record Number: 310 Test Time: 9:15pm EDT

Test Date: 06/18/2011

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:15pm
FLO	Pass	9:15pm
FC	Pass	9:15pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:15pm 9:15pm 9:15pm 9:15pm 9:15pm

Blank Tests

Test	Status	Time
AIR	Pass	9:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:16pm 9:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ate-Holly Springs Instrument Location But Mobile Unit a
Instrument	Serial No 20873 (p
The preven four month	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. t of Health and Human Services, and the instrument is functioning properly.
COREAT SET TO SE	

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 06/10/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test g/210L Time

DIAG	Pass	9:54pm
AIR BLK	.00	9:55pm
ACCY CHK	.08	9:55pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
ATR BLK	. 00	10:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dnya B Skinner Analyst

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736

Test Record Number: 316

Test Date: 06/10/2011

Test Time: 10:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:04pm
FLO	Pass	10:04pm
FC	Pass	10:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:04pm 10:04pm
SRC	Pass Pass	10:04pm
DET BAR	Pass Pass	10:04pm
BAK BT	rass Pass	10:04pm
ът	1,0100	TO.015

Blank Tests

Test	Status	Time
AIR	Pass	10:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:05pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:05pm

Preventive Maintenance Status: Pass

Pass

CAL

10:05pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wf	The - Holly Springs Instrument Location Bot Mobile Unit 2
Instrument Se	erial No. 008929
The preventive four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the 10 day of 100 day of 1000, 2011 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TAME STAT	Onya B 5144 Signature of Certifying Official Certificate Number

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Date: 06/10/2011

Citation Number: M0000000-0

_Subject's_Name:

PREVENTIVE, MANITENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	9:52pm 9:53pm
ACCY CHK AIR BLK	.08 .00	9:53pm 9:54pm
SUB TEST	.00	9:55pm
AIR BLK SUB TEST	.00 .00	9:56pm 9:58pm
AIR BLK	.00	9:59pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donn Bokunen Analyst

WAKE COUNTY BATMOBILE UNIT 2

Serial Number: 008929 Test Date: 06/10/2011

Test Record Number: 308 Test Time: 10:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:01pm
FLO	Pass	10:01pm
FC	Pass	10:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:01pm
SRC	Pass	10:01pm
DET	Pass	10:01pm
BAR	Pass	10:01pm
BT	Pass.	10:01pm

Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:02pm 10:02pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	1ECKLENBURG Instrumen	Location BATMOBILE UNIT 3
Instrument S	erial No. <u>008910</u>	CHARLOTTE, NC
The preventi	ve maintenance procedures for the Intoximeters, Nare:	Iodel Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrac	ure, or the alcoholic breath simulator thermometer shows le;
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
··. 4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect b	reath sample;
7.	When "PLEASE BLOW" appears, collect b	reath sample;
8.	Print test record;	·
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being simulator solution is being changed every for whichever occurs first.	changed before expiration date, or the alcoholic breath our months or after 125 Alcoholic Breath Simulator tests,
magaduras	were performed on the instrument indicated above to f Health and Human Services, and the instrument	, 20 1 the forgoing preventive maintenance, in accordance with current regulations of the N.C. It is functioning properly.
CREAT SELVING CR	all hay 18	tifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008910 Test Date: 06/10/2011

Citation Number: M000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	10:15pm
AIR BLK	.00	10:16pm
ACCY CHE	.07	10:16pm
AIR BLK	.00	10:17pm
SUB TEST		10:18pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:20pm
AIR BLK		10:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008910

Test Record Number: 238 Test Date: 06/10/2011 Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:22pm
FLO	Pass	10:22pm
FC	Pass	10:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:22pm
SRC	Pass	10:22pm
DET	Pass	10:22pm
BAR	Pass	10:22pm
BT	Pass	10:22pm

Blank Tests

Test	Status	Time	
AIR	Pass	10:23pm	

Printer Tests

Test	Status	Time
PRNT	Pass	10:23pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:23pm 10:23pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG Instrument Location BAT MOBILE U	NIT 3
Instrume	nt Serial No. OO8616 CHARLOTTE, A) <u>C</u>
The prev		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	rmometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
Ż.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	÷
9	·	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the all simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	coholic breath Simulator tests,
Č.	that on the 10 day of 301E, 2011 the forgoing preventires were performed on the instrument indicated above, in accordance with current regulations nent of Health and Human Services, and the instrument is functioning properly.	tive maintenance of the N.C.
CREAT SE	The STATE OF THE S	(₂ 48
		icate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 06/10/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	10:14pm
AIR BLK	.00	10:15pm
ACCY CHK	.08	10:15pm
AIR BLK	.00	10:16pm
SUB TEST	.00	10:17pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:19pm
AIR BLK	.00	10:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alm Ray Bong

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 06/10/2011 Test Record Number: 1049
Test Time: 10:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:21pm
FLO	Pass	10:21pm
FC	Pass	10:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:21pm
SRC	Pass	10:21pm
DET	Pass	10:21pm
BAR	Pass	10:21pm
BT	Pass	10:21pm

Blank Tests

Test	Status	Time
	1	
AIR	Pass	10:22pm

Printer Tests

	· · · · · · · · · · · · · · · · · · ·	
Test	Status	Time
PRNT	Pass	10:22pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:22pm 10:22pm

Preventive Maintenance Status: Pass

Mr Ray Bers
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	ECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument Se	erial No. 008647 CHARLOTTE, NC
The preventive four months a	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
 4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures of Department	t on the
ATZ STATE CREATER OF STATE OF	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 06/11/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	10:36pm
AIR BLK	.00	10:36pm
ACCY CHK	.08	10:37pm
AIR BLK	.00	10:38pm
SUB TEST	.00	10:39pm
AIR BLK	.00	10:39pm
SUB TEST	.00	10:41pm
ATR BLK	.00	10:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Ben

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 06/11/2011 Test Record Number: 1103 Test Time: 10:42pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:43pm
FLO	Pass	10:43pm
FC	Pass	10:43pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:43pm 10:43pm 10:43pm 10:43pm 10:43pm

Blank Tests

Test	Status	Time
. =		
•		30 44mm
ATR	Pass	10:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:44pm 10:44pm

Preventive Maintenance Status: Pass

Olm Lay Bus Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	IREDELL	Instrument Location BAT Ma	
Instrument S	erial No. <u>0089/6</u>	5 TATES	SVILLE, NC
The preventi		intoximeters, Model Intox EC/IR II to be fo	llowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus 2 de	displays pressure, or the alcoholic breath segree centigrade;	imulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	•
10.	Verify that the ethanol gas can simulator solution is being che whichever occurs first.	nister is being changed before expiration da anged every four months or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that procedures Department	t on the day of were performed on the instrument in of Health and Human Services, and	ndicated above, in accordance with current of the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STAN 12 STAN 1	THE OF LOCAL CARD AND ADDRESS OF THE CARD ADDRESS OF T	Pour Paren	Co48
	<u>lilm</u> Si	Ray Baines gnature of Certifying Official	Certificate Number

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008910 Test Date: 06/18/2011

Citation Number: M000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	9:31pm
AIR BLK	.00	9:32pm
ACCY CHK	.07	9:33pm
AIR BLK	.00	9:34pm
SUB TEST	.00	9:34pm
AIR BLK	.00	9:35pm
SUB TEST	.00	9:37pm
AIR BLK	.00	9:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Colum Ray 15

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008910 Test Date: 06/18/2011

Test Record Number: 254
Test Time: 9:46pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:47pm
FLO	Pass	9:47pm
FC	Pass	9:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:47pm
SRC	Pass	9:47pm
DET	Pass	9:47pm
BAR	Pass	9:47pm
BT	Pass	9:47pm

Blank Tests

Test	•	Stat	us		Ti	me
				٠.		
AIR		Pass			9:	47pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:48pm
	CRC Tests	
Test	Status	Time
COMP	Pass	9:48pm

Preventive Maintenance Status: Pass

Pass

9:48pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	IREDELL	Instrument Location BAT MOBILE UNIT
Instrument	Serial No. 008616	Instrument Location BAT MOBILE UNIT 5TATESVILLE, NC
The preven		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer show degree centigrade;
2.	Verify instrument displays tir	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompte	ed;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" ap	pears, collect breath sample;
7.	When "PLEASE BLOW" ap	opears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.	Verify that the ethanol gas ca simulator solution is being cl whichever occurs first.	anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests
	a ware performed on the instrument	indicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
COREAT ST	CALL.	Ray Banes Gertifying Official Certificate Number

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616 Test Date: 06/18/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2009-10/01/2011

Officer's Name: *NONE, NONE*Type of Agency: *FTA*Agency: *DHHS*Test Type: *Breath Test*

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	9:28pm
AIR BLK	.00	9:29pm
ACCY CHK	.08	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:31pm
AIR BLK	.00	9:32pm
SUB TEST	.00	9:33pm
ATR BLK	0.0	9:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Ray Bans

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

IREDELL COUNTY BAT MOBILE UNIT 3 480

Serial Number: 008616

Test Record Number: 1069 Test Date: 06/18/2011 Test Time: 9:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
TR	Pass	9:37pm
FLO	Pass	9:37pm
FC	Pass	9:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:38pm
SRC	Pass	9:38pm
DET	Pass	9:38pm
BAR	Pass	9:38pm
вт	Pass	9:38pm

Blank Tests

Test	 Status	Time
AIR	 Pass	9:38pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:38pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:38pm 9:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JAKE Instrument Location APEX 1255 #4
Instrument S	erial No. DO 8621 1615 E. WILLIAMS ST. APEXN
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
nrocedures v	on the
STATE OF STA	CARO CARO CARO CARO CARO CARO CARO CARO

APEX PD WAKE COUNTY

Serial Number: 008621

Test Date: 06/17/2011 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG016501

Exp Date: 06/14/2012

Test	g/210L	Time
DIAG	Pass	3:06pm
AIR BLK	.00	3:07pm
ACCY CHK	.08	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm

Reported AC:

.00 q/210L

Signature of Chemical Analyst

Court CVR

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APEX PD WAKE COUNTY

Serial Number: 008621 Test Record Number: 775
Test Date: 06/17/2011 Test Time: 3:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm

CRC Tests

Test	Status	Time
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Wilkes Co. Count House
Instrument Seri	al No. <u>OO 8843</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
OTAL STATE OF THE	Signature of Certifying Official Certificate Number

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843 Test Date: 06/02/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG002703 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	1:16pm 1:16pm 1:17pm 1:18pm 1:18pm
AIR BLK SUB TEST AIR BLK	.00 .00	1:19pm 1:21pm 1:22pm

Reported AC: $.00 \, \text{g}/210 \text{L}$

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch **Department of Health and Human Services**

Rev. 12/2007

WILKES COUNTY WILKES CO COURTHOUSE 960

Serial Number: 008843

Test Record Number: 846

Test Date: 06/02/2011

Test Time: 1:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:23pm
FLO	Pass	1:23pm
FC	Pass	1:23pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	1:23pm 1:23pm 1:23pm 1:23pm
\mathtt{BT}	Pass	1:23pm

Blank Tests

Test	Status	Time
	4	
ATR	Pass	1:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:24pm
CAL	Pass	1:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1/4	dkin Instrument Location Yackinville P.D.
Instrument Seri	al No. 008925
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the
Tas Quan von	Signature of Certifying Official Certificate Number

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 06/01/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	1:47pm 1:47pm 1:48pm 1:49pm 1:50pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:52pm
ATD DIK	0.0	1 · 53pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925

Test Record Number: 223

Test Date: 06/01/2011

Test Time: 1:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:55pm 1:55pm
FC	Pass	1:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:55pm
SRC	Pass	1:55pm
DET	Pass	1:55pm
BAR	Pass	1:55pm
BT	Pass	1:55pm

Blank Tests

Test	Status	Time
AIR	Pass	1:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:55pm
	CRC Tests	
Test	Status	Time

CAL Pass 1:56pm
Preventive Maintenance

Status: Pass

Pass

COMP

1:56pm

606

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Adkin	Instrument Locati	on 1/4	dkin	Po JA-1	,
Instrument Se	erial No. <u>008944</u>			· · · · · ·		
The prevention four months a	ve maintenance procedures for the I		tox EC/IR		wed at least once	e every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		the alcoholi	c breath sime	ulator thermome	ter show
2.	Verify instrument displays tim	e and date;				
3.	Initiate breath test sequence;				•	
4.	Enter information as prompted	l ; -				
5.	Verify instrument accuracy;				:	
6.	When "PLEASE BLOW" app	ears, collect breath sa	mple;			
7.	When "PLEASE BLOW" app	ears, collect breath sa	mple;			
8.	Print test record;					
9.	Verify Diagnostic Program; ar	nd	٠.		•	
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.					
procedures w	on the day of ere performed on the instrument in of Health and Human Services, and	dicated above, in acco	rdance with	i current regu	preventive main	ntenance .C.
OF THE STATE OF TH		11/1			637_	
er e	Sig	nature of Certifying O	fficial		Certificate Num	nber
*	And the second s					

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 06/01/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:12pm 1:13pm 1:13pm
AIR BLK	.00	1:14pm
SUB TEST	.00	1:15pm
AIR BLK	.00	1:16pm
SUB TEST	.00	1:18pm
ATR BLK	.00	1:19pm

Reported AC: .00 g/210L

signature of Chemical Analyst

Court CVR

Analyst

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Record Number: 646

Test Date: 06/01/2011 Test Time: 1:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:20pm
FLO	Pass	1:20pm
FC	Pass	1:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:20pm
SRC	Pass	1:20pm
DET	Pass	1:20pm
BAR	Pass	1:20pm
BT	Pass	1:20pm

Blank Tests

Test	Status	Time
AIR	Pass	1:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:21pm 1:21pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

	INTOXIMETERS, MODEL INTOX EC/IR II
County Fo	Instrument Location Fons & the Co DETENTION
Instrument S	erial No. 008583
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 06/08/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	2:28pm 2:29pm
ACCY CHK AIR BLK	.08 .00	2:29pm 2:31pm
SUB TEST	.00	2:31pm
AIR BLK SUB TEST	.00 .00	2:32pm 2:34pm
AIR BLK	.00	2:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 3155

Test Date: 06/08/2011 Test Time: 2:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:36pm
FLO	Pass	2:36pm
FC	Pass	2:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:36pm
SRC	Pass	2:36pm
DET	Pass	2:36pm
BAR	Pass	2:36pm
${f BT}$	Pass	2:36pm

Blank Tests

Test	Status	Time
AIR	Pass	2:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm
	CRC Tests	
Test	Status	Time

COMP	Pass	2:37pm
CAL	Pass	2:37pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Forsyth Instrument Location Kennenswille P.D.
Instrumen	t Serial No. <u>008650</u>
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the S day of Tune, 201/ the forgoing preventive maintenance s were performed on the instrument indicated above, in accordance with current regulations of the N.C. nt of Health and Human Services, and the instrument is functioning properly.
COREATOR STATE	LATE OF NORTH AND
i V	Signature of Certifying Official Certificate Number
A signed of	original of the preventive maintenance record shall be kept on file for at least three years.

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 06/08/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	1:07pm
AIR BLK	.00	1:07pm
ACCY CHK	.07	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:10pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:13pm

Reported AC, ... 00/g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Record Number: 683
Test Date: 06/08/2011 Test Time: 1:13pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass.	1:14pm
FC	Pass	1:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET .	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm

CRC Tests

Test	Status	Time
COMP	Pass	1:15pm
CAL	Pass	1:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Coun	ty_ <i>1</i> 5/1	Instrument Location FORS of the Co Detention
Instri	ıment Seria	INO. 008660 CENTER
	oreventive n	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
s [6.	When "PLEASE BLOW" appears, collect breath sample;
f.	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
proce	ify that on tedures were	the <u>S</u> day of <u>Surve</u> , 20 // the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
COREATOR OF THE COREATOR OF TH	OF THE STATE OF A THE	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 06/08/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106701 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	2:16pm 2:17pm
ACCY CHK	.07	2:18pm
AIR BLK	.00	2:19pm
SUB TEST	.00	2:20pm
AIR BLK	.00	2:21pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:23pm

Reported AC: // .00 g/2/10L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Record Number: 1922 Test Date: 06/08/2011 Test Time: 2:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time	
IR	Pass	2:24pm	
FLO	Pass	2:24pm	
FC	Pass	2:24pm	

Temperature Tests

Test	Status	Time
FC1	Pass	2:25pm
SRC	Pass	2:25pm
DET	Pass	2:25pm
BAR	Pass	2:25pm
\mathtt{BT}	Pass	2:25pm

Blank Tests

Test	Status	Time
AIR	Pass	2:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:25pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:25pm 2:25pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 10	Instrument Location FIRS of H	1 Detertion
Instrument Se	rial No. 008659 Monten	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be folkere:	owed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade;	nulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohol whichever occurs first.	or the alcoholic breath ic Breath Simulator tests,
I certify that of procedures we Department o	on the	g preventive maintenance gulations of the N.C.
OF THE STATE		
ARRI 12, 1176		632
:	Signature of Certifying Official	Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 06/08/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	2:12pm 2:13pm
ACCY CHK	.08	2:14pm
AIR BLK	.00	2:14pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:18pm
AIR BLK	.00	2:19pm

Reported AC: 1.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 1294

Test Date: 06/08/2011 Test Time: 2:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:23pm 2:23pm
FC	Pass	2:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:23pm
SRC	Pass	2:23pm
DET	Pass	2:23pm
BAR	Pass	2:23pm
\mathtt{BT}	Pass	2:23pm

Blank Tests

Test	Status	Time
AIR	Pass	2:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:24pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:24pm
CAL	Pass	2:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cu	Wituck Instrument Location Cullituck (0.50.
Instrument Se	erial No. 008947 407-A Maple Rd., Maple, N.C.
The preventiv	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	with a
I certify that procedures we Department of	on the
THE STATE	E O NO PLANTE DE LA CARRESTA DEL CARRESTA DE LA CARRESTA DEL CARRESTA DE LA CARRE
STEE CHANN	Signature of Certifying Official Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 06/14/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	10:51am 10:52am
ACCY CHK	.08	10:53am
AIR BLK	.00 .00	10:54am 10:55am
SUB TEST		
AIR BLK	.00	10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported AC: .00 g/230L

Signature of Chemical Analyst

Court CVR

Analyst

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Record Number: 773
Test Date: 06/14/2011 Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:00am

Temperature Tests

Test	Status	Time
FC1	Pass	11:00am
SRC	Pass	11:00am
DET	Pass	11:00am
BAR	Pass	11:00am
BT	Pass	11:00am

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:01am 11:01am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOANIETERS, MODEL INTOA ECIR II
County Wo	Instrument Location Washington (O. S.O.
Instrument Se	erial No. 008829 Adoms St., Plymouth, N.C.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STAT STATE CONFERENCE OF THE STATE OF THE ST	LUL - 643
	Signature of Certifying Official Certificate Number

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 06/01/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G Permit Number: 12955E Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG011702 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	9:57am 9:58am
ACCY CHK	.08	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Record Number: 299
Test Date: 06/01/2011 Test Time: 10:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:06am
FLO	Pass	10:06am
FC	Pass	10:06am

Temperature Tests

Test	Status	Time
FC1	Pass	10:06am
SRC	Pass	10:06am
DET	Pass	10:06am
BAR	Pass	10:06am
BT	Pass	10:06am

Blank Tests

Test	Status	Time
AIR	Pass	10:07am

Printer Tests

Test	Status	Time
PRNT	Pass	10:07am
4	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:07am 10:07am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II 1841 Co. Kublic Safety Center Instrument Location Lou 305 W. Freemason St., Edenbon, N.C. Instrument Serial No. 008895 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 // the forgoing preventive maintenance day of procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 06/06/2011

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:52am 10:53am 10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:58am
AIR BLK	.00	10:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 06/06/2011 Test Record Number: 367 Test Time: 11:01am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO	Pass	11:02am
FC	Pass	11:02am

Temperature Tests

Test	Status	Time
FC1	Pass	11:02am
SRC	Pass	11:02am
DET	Pass	11:02am
BAR	Pass	11:02am
BT	Pass	11:02am

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

Test	Status	Time
PRNT	Pass	11:03am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:03am 11:03am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTUATMET	ERS, MODEL INTOX ECTR II	/ -
County	cnou	Instrument Location Levil C .	<u> </u>
Instrument Se	erial No. <u>DD&U39</u>	130 Queen sk., Kinston	N. L.
The preventive four months a		e Intoximeters, Model Intox EC/IR II to be followed a	it least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic breath simulator degree centigrade;	thermometer shows
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;	;	
4.	Enter information as prompt	ted;	
5.	Verify instrument accuracy;		
· 6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	; and	
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration date, or the changed every four months or after 125 Alcoholic Bre	e alcoholic breath eath Simulator tests,
procedures v	on the 30th day of were performed on the instrument of Health and Human Services, and	t indicated above, in accordance with current regulations and the instrument is functioning properly.	ventive maintenance ons of the N.C.
COREATOR OF THE STATE OF THE ST	CARO	IndA Kul	647
		Signature of Certifying Official Cer	tificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 06/30/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	9:11am
AIR BLK	.00	9:12am
ACCY CHK	.07	9:12 a m
AIR BLK	.00	9:13am
SUB TEST	.00	9:14am
AIR BLK	.00	9:15am
SUB TEST	.00	9:16am
ATR BLK	.00	9:17am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Linds Musl
Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 1425

Test Date: 06/30/2011

Test Time: 9:19am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:19am
FLO	Pass	9:19am
FC	Pass	9:19am

Temperature Tests

Test	Status	Time
FC1	Pass	9:19am
SRC	Pass	9:19am
DET	Pass	9:19am
BAR	Pass	9:19am
BT	Pass	9:19am

Blank Tests

Test	Status	Time
AIR	Pass	9:20am

Printer Tests

Test	Status	Time
PRNT	Pass	9:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:20am 9:20am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	URHAM Instrument Location SHP C7
Instrument Se	rial No. 008924 101 S. MIAMI BLVD DURHAM, NO
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 29 day of JUNE, 20 // the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	

DURHAM COUNTY SHP C7 310

Serial Number: 008924 Test Date: 06/29/2011

Citation Number: M0000000-0

Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 08937E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG003403 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	4:06pm
AIR BLK	.00	4:07pm
ACCY CHK	.08	4:08pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:09pm
AIR BLK	.00	$4:10\mathrm{pm}$
SUB TEST	.00	4:12pm
ATR BLK	. 00	4 : 12 pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR.

Analyst

DURHAM COUNTY SHP C7 310

Serial Number: 008924

Test Record Number: 106

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:15pm
FLO	Pass	4:15pm
FC	Pass	4:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:15pm
SRC	Pass	4:15pm
DET	Pass	4:15pm
BAR	Pass	4:15pm
BT	Pass	4:15pm

Blank Tests

Test	Status	Time
AIR	Pass	4:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:16pm 4:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Di	Instrument Location 51412 C7
Instrument Seri	ial No. 008738 1015. MIAMI BLVD DURHAM, NO
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	n the 29 day of JUNE, 20/1 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE COLLEGE OF THE STATE OF T	

DURHAM COUNTY SHP C7 310

Serial Number: 008738 Test Date: 06/29/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 08937E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203

Exp Date: .03/23/2013

Test	g/210L	Time
DIAG	Pass	4:14pm
AIR BLK	.00	4:15pm
ACCY CHK	.07	4:16pm
AIR BLK	.00	4:17pm
SUB TEST	.00	4:17pm
AIR BLK	.00	4:18pm
SUB TEST	.00	4:20pm
AIR BLK	.00	4:21pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DURHAM COUNTY SHP C7 310

Serial Number: 008738

Test Record Number: 176

Test Date: 06/29/2011

Test Time: 4:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:23pm 4:23pm
FC	Pass	4:23pm

Temperature Tests

Status	Time
Pass	4:23pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	4:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:24pm
	CRC Tests	
Test	Status	Time

COMP	Pass	4:24pm
CAL	Pass	4:24pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Hyde Instrument Location Hyde Co. S.O Ocracoke
Instrument So	Hyde Instrument Location Hyde (o. 5.0. Ocracoke erial No. 008797 NC12, Ocracoke, N.C.
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the day of <u>June</u> , 20 // the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE CORE AS TO SEE	

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 06/21/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:57am 10:58am 10:59am 11:00am 11:01am 11:03am
AIR BLK		
HIK DUV	.00	11:04am

Reported AC: .00 g/210L

Signature of) Chemical Analyst

Court CVR

Analyst

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 06/21/2011 Test Record Number: 223
Test Time: 11:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:05am

Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11:05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

Blank Tests

Test	Status	Time
ATR	Pass	11:06am

Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:06am 11:06am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IK II
County	Dave Co. S.U Hattera
Instrument Se	Instrument Location Dave (o. S.U Hattera) erial No. 008807 50346 NC Huy 12, Frisco, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
THE STATE OF THE S	

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 06/21/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G Permit Number: 12955E Effective: 10/01/2009-10/01/2011

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	12:32pm 12:33pm 12:33pm 12:34pm 12:35pm 12:35pm 12:37pm
SUB TEST		_
AIR BLK	.00	12:38pm

Reported AC: .00 g/210H

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 06/21/2011 Test Record Number: 341
Test Time: 12:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:39pm 12:39pm
FC	Pass	12:39pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:39pm 12:39pm 12:39pm 12:39pm
BT	Pass	12:39pm

Blank Tests

Test	Status	Time
AIR	Pass	12:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:40pm 12:40pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	redel Instrument Location Statesville PD		
Instrument Seria	11No. 008619 330 S. Tradd Street, Statesville 704-878-3406		
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7. .	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures were	the 21st day of June, 20 // the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
STATE OF ME STATE	Signature of Certifying Official Certificate Number		

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 06/21/2011

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG920401 Exp Date: 07/23/2011

Test	g/210L	Time
DIAG	Pass	7:29pm
AIR BLK	.00	7:30pm
ACCY CHK	.08	7:31pm
AIR BLK	.00	7:32pm
SUB TEST	.00	7:33pm
AIR BLK	.00	7:34pm
SUB TEST	.00	7:35pm
AIR BLK	.00	7:36pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

IREDELL COUNTY STATESVILLE PD 480

Serial Number: 008619 Test Date: 06/21/2011 Test Record Number: 650 Test Time: 7:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:38pm 7:38pm
FC	Pass	7:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:38pm
SRC	Pass	7:38pm
DET	Pass	7:38pm
BAR	Pass	7:38pm
BT	Pass	7:38pm

Blank Tests

Test	Status	Time
AIR	Pass	7:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:39pm
	CRC Tests	
Test	Status	Time

7:39pm

7:39pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	redell Instrument Location Tredell County SD
Instrument Ser	rial No. 008809 Instrument Location I redell County SD 221 E. Water Street, Statesville 704-878-3131
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the <u>alst</u> day of <u>June</u> , 20 11 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	
The same of the sa	Signature of Certifying Official Certificate Number
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IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 06/21/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106701

Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	7:06pm 7:07pm
ACCY CHK	.07	7:08pm
AIR BLK	.00	7:08pm
SUB TEST	.00	7:09pm
AIR BLK	.00	7:10pm
SUB TEST	.00	7:11pm
AIR BLK	.00	7:13pm

.00 g/210L Reported AC:

ure of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809

Test Record Number: 1612

Test Date: 06/21/2011

Test Time: 7:14pm EDT

System Check: Passed

Baseline Tests

ass 7:	15pm 15pm

Temperature Tests

Test Status Time	
FC1 Pass 7:15p	
SRC Pass 7:15p	
DET Pass 7:15p	
BAR Pass 7:15p	m
BT Pass 7:15p	m

Blank Tests

Test	Status	Time
AIR	Pass	7:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:16pm 7:16pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County I	redell Instrument Location Mooresville PD
Instrument Serie	11No. 008685 750 W. Tredell Arenue, Mooresvill
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>Olst</u> day of <u>June</u> , 20 1 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OS TATE OF THE OS TAT	Signature of Certifying Official Certificate Number

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 06/21/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG003402 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	6:15pm 6:16pm
ACCY CHK	.07	6:17pm
AIR BLK	.00	6:18pm
SUB TEST	.00	6:18pm
AIR BLK	.00	6:19pm
SUB TEST	.00	6:21pm
ATR BLK	. 00	6:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685

Test Record Number: 1308

Test Date: 06/21/2011 Test Time: 6:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:23pm
FLO	Pass	6:23pm
FC	Pass	6:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	6:24pm
SRC	Pass	6:24pm
DET	Pass	6:24pm
BAR	Pass	6:24pm
BT	Pass	6:24pm

Blank Tests

Test	Status	Time
AIR	Pass	6:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	6:24pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	6:24pm 6:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Li	1 coln	Instrum	ent Location Lincoln C	Ly Courthouse
Instrument Serie	al No. 008827	<u>#1</u>	Courthouse Sq. 704-732-982	Lincolnton
The preventive four months are	maintenance procedures for the In	toximeters.	, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg			simulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and	1		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
procedures were	the <u>2044</u> day of <u>Jun</u> e performed on the instrument indi Health and Human Services, and th	cated abov	e, in accordance with current r	oing preventive maintenance regulations of the N.C.
TOTAL IS THE STATE OF THE STATE	Sign:	tuth ature of Ce	rtifying Official	650 Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827 Test Date: 06/20/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG002704 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	4:09pm 4:10pm
ACCY CHK	.08	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm
SUB TEST	.00	4:15pm
AIR BLK	.00	4:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008827

Test Record Number: 964

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:17pm
FLO	Pass	4:17pm
FC	Pass	4:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:18pm
SRC	Pass	4:18pm
DET	Pass	4:18pm
BAR	Pass	4:18pm
BT	Pass	4:18pm

Blank Tests

Test	Status	Time
AIR	Pass	4:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	4:18pm 4:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Li	ncoln	Instrume	ent Location Lincolm	Cty Courthouse
Instrument Ser	ial No. <u>008823</u>	#1	Courthouse Sq 704-732-90	Lincolnton
The preventive four months are	maintenance procedures for the I	ntoximeters,	Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			simulator thermometer shows
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;		Merc _e	
4.	Enter information as prompted	•		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect	breath sample;	
7.	When "PLEASE BLOW" app	ears, collect	breath sample;	
8.	Print test record;			
9.	Verify Diagnostic Program; an	d		
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.			
procedures wer	the <u>2044</u> day of <u>June</u> te performed on the instrument inc Health and Human Services, and t	licated above	e, in accordance with current	going preventive maintenance regulations of the N.C.
OTHE STATE OF THE	Acod S	Ha. t.h.		65 B
	Sign	51 / 1 / 1	tifying Official	Certificate Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 06/20/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	4:07pm 4:08pm
AIR BLK ACCY CHK	.00 .08	4:00pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:13pm
ATR BLK	.00	4:14pm

Reported AC: .00 g/210L

Sygnature of Chemical Analyst

Court CVR

Analyst

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823

Test Record Number: 746

Test Date: 06/20/2011

Test Time: 4:15pm EDT

System Check: Passed

Baseline Tests

om om
mc

Temperature Tests

Test	Status	Time
FC1	Pass	4:16pm
SRC	Pass	4:16pm
DET	Pass	4:16pm
BAR	Pass	4:16pm
BT	Pass	4:16pm

Blank Tests

Test	Status	Time

AIR Pass 4:17pm

Printer Tests

Test	Status	Time

PRNT 4:17pm Pass

CRC Tests

Test	Status	Time
COMP	Pass	4:17pm
CAL	Pass	4:17pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyC	atawha Instrument Location Catawba County SD	
Instrument So	erial No. 048687 100 B. Southwest Blvd, Newton 828-464-5241	·
The prevention	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever	у
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shad degrees, plus or minus .2 degree centigrade;	iow:
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	٠
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator to whichever occurs first.	h sts,
nrocedures t	t on the	ınce
STATE OF THE CAREAT SECTION OF THE CAREAT SE	TE ON NO.	

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 06/07/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG003401 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG AIR BLK.	Pass	1:33pm 1:34pm
ACCY CHK	.08	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:39pm
AIR BLK	.00	1:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 06/07/2011

Test Record Number: 1185

Test Time: 1:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:41pm
FLO	Pass	1:41pm
FC	Pass	1:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:41pm
SRC	Pass	1:41pm
DET	Pass	1:41pm
BAR	Pass	1:41pm
BT	Pass	1:41pm

Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:42pm
CAL	Pass	1:42pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	tawba Instrument Location Catawba County 5D		
Instrument Seri	al No. 008821 100 B. Southwest Blvd, Newton 828-464-5241		
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
procedures we	the Health and Human Services, and the instrument is functioning properly.		
THE CHAMMEN			

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 06/07/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:32pm
ACCY CHK	.07	1:33pm
AIR BLK	.00 .00	1:34pm 1:34pm
SUB TEST AIR BLK	.00	1:34pm
SUB TEST	.00	1:35pm
ATR RIK	00	1.38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008821 Test Date: 06/07/2011 Test Record Number: 720
Test Time: 1:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:39pm 1:39pm
FC	Pass	1:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:40pm
SRC	Pass	1:40pm
DET	Pass	1:40pm
BAR	Pass	1:40pm
\mathtt{BT}	Pass	1:40pm

Blank Tests

Test	Status	Time
AIR	Pass	1:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:40pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:41pm 1:41pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Catawha Instrument Location Hickory PD
Instrumen	Serial No. 808841 347 2nd Ave SW, Hickory 828-324-2060
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the 7th day of June , 20 1 the forgoing preventive maintenance is were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
COREAT G.	Signature of Certifying Official Certificate Number

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 06/07/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	12:36pm 12:37pm
ACCY CHK	.08	12:38pm
AIR BLK SUB TEST	.00 .00	12:38pm 12:39pm
AIR BLK SUB TEST	.00 .00	12:40pm 12:41pm
AIR BLK	.00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

CATAWBA COUNTY HICKORY PD 170

Serial Number: 008841 Test Date: 06/07/2011 Test Record Number: 900 Test Time: 12:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
\mathtt{BT}	Pass	12:44pm

Blank Tests

Test	Status	Time
AIR	Pass	12:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	12:45pm
CAL	Pass	12:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	=		_
County	Gaston	_ Instrument Loc	cation <u>Gaston</u>	County SD
Instrumen	nt Serial No. <u>ØØ8643</u>	425 N. 704-86	Marietta ?	Street, Gastonia
The preve	entive maintenance procedures for the ths are:			e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	r displays pressure, e legree centigrade;	or the alcoholic brea	ath simulator thermometer shows
2.	Verify instrument displays tir	ne and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		×.
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath	sample;	
7.	When "PLEASE BLOW" ag	pears, collect breath	sample;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas consimulator solution is being of whichever occurs first.	nister is being chan nanged every four m	ged before expiration on the or after 125 A	n date, or the alcoholic breath alcoholic Breath Simulator tests,
procedur	that on the <u>THA</u> day of <u>Ju</u> res were performed on the instrument ent of Health and Human Services, an	ndicated above, in a	ecordance with curr	forgoing preventive maintenance rent regulations of the N.C.
THE GREAT SET	Manus J	ignature of Certifyir	ng Official	650 Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 06/07/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG016501 Exp Date: 06/14/2012

Test	g/210L	Time
	3/	

DIAG	Pass	8:35am
AIR BLK	.00	8:36am
ACCY CHK	.08	8:37am
AIR BLK	.00	8:38am
SUB TEST	.00	8:38am
AIR BLK	.00	8:39am
SUB TEST	.00	8:41am
AIR BLK	.00	8:42am

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643

Test Record Number: 1231

Test Date: 06/07/2011

Test Time: 8:44am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	8:44am 8:44am
FC	Pass	8:44am

Temperature Tests

Test	Status	Time
FC1	Pass	8:44am
SRC	Pass	8:44am
\mathtt{DET}	Pass	8:44am
BAR	Pass	8:44am
BT	Pass	8:44am

Blank Tests

Test	Status	Time

AIR Pass 8:45am

Printer Tests

Test :	Status	Time
--------	--------	------

PRNT Pass 8:45am

CRC Tests

Test Status Time

8:45am COMP Pass 8:45am CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gr	aham Instrument Location Graham Co. S.D.
Instrument Seria	Instrument Location Graham Co. S.D. 1No. 008915 Robbinsville, NC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 24 day of Jane, 20 // the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
ME STATE OF THE ST	Signature of Certifying Official Certificate Number

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 06/24/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:50pm 12:51pm 12:51pm
AIR BLK	.00	12:52pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:55pm
AIR BLK	.00	12:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Cuth

GRAHAM COUNTY GRAHAM COUNTY SD 370

Test Record Number: 455 Serial Number: 008915

Test Date: 06/24/2011 Test Time: 12:57pm

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:57pm
FLO	Pass	12:57pm
FC	Pass	12:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:58pm
SRC	Pass	12:58pm
DET	Pass	12:58pm
BAR	Pass	12:58pm
BT	Pass	12:58pm

Blank Tests

Test	Status	Time
AIR	Pass	12:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:58pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County J	ackson Instrument Location Jackson Co. Jail
Instrument S	erial No. 008708 Sylva, NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the <u>20</u> day of <u>Jane</u> , 20 // the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Dil R. Cuth 635
	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 06/20/2011

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	3:11pm
AIR BLK	.00	3:11pm
ACCY CHK	.08	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:13pm
AIR BLK	.00	3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Dail R. luth

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708

Test Record Number: 699

Test Date: 06/20/2011

Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:18pm
FLO	Pass	3:18pm
FC	Pass	3:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm

Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:19pm 3:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Serial No. 008714 Waynesville, NC The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the ______ day of ______ day of ______, 20_// the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 06/02/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	1:38pm
AIR BLK	.00	1:38pm
ACCY CHK	.07	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:40pm
AIR BLK	.00	1:41pm
SUB TEST	.00	1:43pm
ATR BLK	- 00	1:440m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714

Test Record Number: 641 Test Date: 06/02/2011 Test Time: 1:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:53pm
FLO	Pass	1:53pm
FC	Pass	1:53pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass	1:53pm
DET	Pass Pass	1:53pm 1:53pm
BAR	Pass	1:53pm
\mathtt{BT}	Pass	1:53pm

Blank Tests

Test	Status	Time
	•	

AIR 1:54pm Pass

Printer Tests

Test	Status	Time

PRNT Pass 1:54pm

CRC Tests

Test	Status	Time
COMP	Pass	1:54pm
CAL	Pass	1:54pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	INTOXIMETERS, MODEL INTOX EC/IR II
County /-/	aywood Instrument Location Haywood Co. Jan
Instrument Se	erial No. 0087/2 Waynesville, NC

The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of day of, 20/_ the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATI STATISTICS OF THE CORE AS SECTION OF TH	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 06/02/2011

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 08457E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:36pm 1:36pm 1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712

Test Record Number: 943 Test Date: 06/02/2011 Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pass	1:43pm

Temperature Tests

Status	Time
Pass	1:43pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:44pm

Printer Tests

Status

Time

Test

PRNT	Pass	1:44pm
	CRC Tests	
Test	Status	Time

COMP 1:44pm Pass CAL Pass 1:44pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	herokee Instrument Location Chrokee Co. Jail
Instrument Se	erial No. 008711 Murphy, NC
	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
WAND SET AND S	Signature of Certifying Official Certificate Number

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 06/01/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 08457E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	11:49am 11:50am
ACCY CHK	.08	11:50am
AIR BLK	.00	11:51am
SUB TEST	.00	11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 393 Test Date: 06/01/2011 Test Time: 11:56am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

Temperature Tests

Test	Status	Time
FC1	Pass	11:57am
SRC	Pass	11:57am
DET	Pass	11:57am
BAR	Pass	11:57am
BT	Pass	11:57am

Blank Tests

Test	Status	Time
AIR	Pass	11:58am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:58am

Preventive Maintenance Status: Pass

Pass

11:58am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mikery Instrument Location Myskycus poro Police 91
Instrument Se	erial No. DOGGOV 1/5 P. BIDING ST., MUSTRUSSON, N
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
STAP STAP OF CHAPTER AS A STAP	Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 06/15/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925201 Exp Date: 09/09/2011

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	11:07am 11:08am 11:09am 11:09am
SUB TEST	.00	11:10 am
AIR BLK	.00	11:11am
SUB TEST	.00	11:12am
ATD BIK	00	11 • 13 am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jina A. Rusl
Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 313 Test Date: 06/15/2011 Test Time: 11:14am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:15am

Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
BT	Pass	11:15am

Blank Tests

Test	Status	Time
AIR	Pass	11:16am

Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:16am 11:16am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

è	INTOXIMETER	S, MODE	L INTOX EC/IR	11	4
County \	1/500	Instrument Lo	ocation Wilson	bo. Och	ntnn
Instrument Seri	ial No. 00 \$ US 2	100 E	Oreen St.,	W.lson	<u>1 N</u>
The preventive four months are	e maintenance procedures for the Inte	oximeters, Mod	el Intox EC/IR II to be fo	ollowed at least or	nce every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure ree centigrade;	, or the alcoholic breath	simulator thermor	neter shows
2.	Verify instrument displays time	and date;			
3.	Initiate breath test sequence;				,
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appear	ars, collect breat	h sample;		•
7.	When "PLEASE BLOW" appear	ars, collect breat	h sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being char ged every four r	nged before expiration da nonths or after 125 Alcol	ite, or the alcohol holic Breath Simu	ic breath ılator tests,
I certify that or procedures we Department of	n the	cated above, in the instrument is	accordance with current	oing preventive m regulations of the	
THE STATE OF THE S	- Inc	ature of Certifyi	lesseng Official	Certificate N	

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 06/09/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	10:22am 10:23am
ACCY CHK	.08	10:24am
AIR BLK SUB TEST	.00 .00	10:25am 1 0:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Fine A Recel

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652

Test Record Number: 1639

Test Date: 06/09/2011 Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:32am
FLO	Pass	10:32am
FC	Pass	10:32am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:32am 10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
BT	Pass	10:32am

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:33am 10:33am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Instrument Location Wilson Co. Durnham
County W	Instrument Location U) 5 * 1 U0 : D U P V X BU
Instrument Seri	al No. DOGLAT LOVE. Green St., Wilson, No.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the 9th day of 0, 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 06/09/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

g/210L	Time
Pass	10:21am 10:22am
* = -	10:23am
.00	10:24am
.00	10:26am
.00	10:27am
.00	10:28am
.00	10:29am
	Pass .00 .07 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Department of Health and Human Services Rev. 12/2007

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627

Test Record Number: 1228

Test Date: 06/09/2011

Test Time: 10:30am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:31am
FLO	Pass	10:31am
FC	Pass	10:31am

Temperature Tests

Test	Status	Time
FC1	Pass	10:31am
SRC	Pass	10:31am
DET	Pass	10:31am
BAR	Pass	10:31am
BT	Pass	10:31am

Blank Tests

Test	Status	Time
AIR	Pass	10:31am

Printer Tests

Test	Status	Time
PRNT	Pass	10:31am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:32am
CAL	Pass	10:32am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXINETERS, MODEL INTOX ECTR II AND Instrument Location WAVE CO. JUVIN IS W.
Instrument Ser	rial No. DO 8647 2016. Chustnit Gr., Goldsboro, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that oprocedures we Department o	on theday of, 20 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	2 1 V 1 2 C 4 7
	Signature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008847 Test Date: 06/06/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	10:33am
AIR BLK	.00	10:34am
ACCY CHK	.07	10:35am
AIR BLK	.00	10:36am
SUB TEST	.00	10:36am
AIR BLK	.00	10:37am
SUB TEST	.00	10:38am
ATR RIK	. 0.0	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

IndA. lees
Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008847 Test Record Number: 212
Test Date: 06/06/2011 Test Time: 10:42am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:42am
FLO	Pass	10:42am
FC	Pass	10:42am

Temperature Tests

Test	Status	Time
FC1	Pass	10:42am
SRC	Pass	10:42am
DET	Pass	10:42am
BAR	Pass	10:42am
BT	Pass	10:42am

Blank Tests

Test	Status	Time
AIR	Pass	10:43am

Printer Tests

Test	Status	Time
PRNT	Pass	10:43am
	CRC Tests	•
Test	Status	Time
COMP CAL	Pass Pass	10:43am 10:43am

Preventive Maintenance Status: Pass

Find X Reese Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		KS, MODEL INTOX	
County	Lenoir	Instrument Location	Kinsson P.D.
Instrument	Serial No. 004634	205 E. Kin	st., Kinston, N
The preven	ative maintenance procedures for the I	ntoximeters, Model Intox EC/IR	II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		lic breath simulator thermometer shows
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	n d	
10.	Verify that the ethanol gas car simulator solution is being chawhichever occurs first.	nister is being changed before ex anged every four months or after	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
procedures	at on theday of were performed on the instrument in it of Health and Human Services, and	dicated above, in accordance with the instrument is functioning pro	the forgoing preventive maintenance th current regulations of the N.C. operly.
COREAL SECTION OF SEC		thature of Certifying Official	Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 06/03/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	12:19pm 12:20pm
ACCY CHK	.08	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jinder, leur

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Record Number: 926
Test Time: 12:26pm EDT

Test Date: 06/03/2011 Test Time: 12:26pm El

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:27pm
FLO	Pass	12:27pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pass	12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT	Pass	12:27pm

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	12:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wayne	Instrument Location Wayne Co. Describe
Instrumen	nt Serial No. 008649	207 E. Chusanus St., Goldsgorg,
The preve		e Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays to	me and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompt	ed;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" a	ppears, collect breath sample;
7.	When "PLEASE BLOW" a	ppears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	and
10.		anister is being changed before expiration date, or the alcoholic breath hanged every four months or after 125 Alcoholic Breath Simulator tests,
procedure		the forgoing preventive maintenance indicated above, in accordance with current regulations of the N.C. d the instrument is functioning properly.
GREAT SET		ignature of Certifying Official Certificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 06/03/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	9:50am 9:51am
ACCY CHK	.08	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:58am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jinda Kees Analyst

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649

Test Record Number: 1833

Test Date: 06/03/2011

Test Time: 10:00am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:01am 10:01am
FC	Pass	10:01am

Temperature Tests

Test	Status	Time
FC1	Pass	10:01am
SRC	Pass	10:01am
DET	Pass	10:01am
BAR	Pass	10:01am
BT	Pass	10:01am

Blank Tests

Test	Status	Time
AIR	Pass	10:01am

Printer Tests

Test	Status	Time
PRNT	Pass	10:01am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:02am
CAL	Pass	10:02am

Preventive Maintenance Status: Pass

Analyst

Keese

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County\	Wayne	Instrumen	t Location WANN	L Co.	Detention C
Instrument !	Serial No	201 E.	Chestrux	Gs.)	Goldson,
The prevent four months	ive maintenance procedures for the I	ntoximeters, N	Model Intox EC/IR II to	be followed	d at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de			ath simulat	tor thermometer shows
2.	Verify instrument displays tim	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	ears, collect b	reath sample;		
7.	When "PLEASE BLOW" app	ears, collect be	reath sample;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	ıd			
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.				
	t on the Srd day of		in accordance with curr	ent regulat	eventive maintenance ions of the N.C.
PART OF THE PART O	OF THE CARD	nuls_	Heese		647
	Sign	nature of Certi	fying Official	Ce	rtificate Number

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 06/03/2011

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG925103 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG	Pass	9:00am
AIR BLK	.00	9:01am
ACCY CHK	.08	9:02am
AIR BLK	.00	9:03am
SUB TEST	.00	9:04am
AIR BLK	.00	9:05am
SUB TEST	.00	9:06am
AIR BLK	.00	9:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jurels Keest

WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 1762

Test Date: 06/03/2011

Test Time: 9:09am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:09am
FLO	Pass	9:09am
FC	Pass	9:09am

Temperature Tests

Status	Time
Pass	9:09am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
Test	Status	Time

AIR Pass 9:10am

Printer Tests

Test	Status	Time

PRNT Pass 9:10am

CRC Tests

Test Status Time

COMP Pass 9:10am CAL Pass 9:10am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WC	uke-Raleigh Instrument Location Bat Mobile Unit #2
Instrument Se	erial No. <u>008939</u>
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9, .	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 35 day of 000 the national the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATION OF THE ST	

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Date: 06/25/2011

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:04pm 11:05pm 11:05pm 11:06pm 11:07pm
AIR BLK	.00	11:08pm
SUB TEST	.00	11:10pm
AIR BLK	.00	11:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skinnin Analyst

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Record Number: 316
Test Date: 06/25/2011 Test Time: 11:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:15pm
FLO FC	Pass	11:15pm
FC	Pass	. 11:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:15pm
SRC	Pass	11:15pm
DET	Pass	11:15pm
BAR	Pass	11:15pm
\mathtt{BT}	Pass	11:15pm

Blank Tests

Test	Status	Time
AIR	Pass	11:16pm

Printer Tests

Toat	Q+a+ug	Time
	CRC Tests	
PRNT	Pass	11:16pm
Test	Status	Time

1000	Dododo	110
COMP	Pass	11:16pm
CAL	Pass	11:16pm

Preventive Maintenance Status: Pass

Donya B Skmin

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

e ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows es, plus or minus .2 degree centigrade; strument displays time and date; reath test sequence; formation as prompted; strument accuracy; LEASE BLOW" appears, collect breath sample; LEASE BLOW" appears, collect breath sample;
reath test sequence; formation as prompted; strument accuracy; LEASE BLOW" appears, collect breath sample;
ormation as prompted; strument accuracy; LEASE BLOW" appears, collect breath sample;
strument accuracy; LEASE BLOW" appears, collect breath sample;
LEASE BLOW" appears, collect breath sample;
••
LEASE BLOW" appears, collect breath sample;
record;
iagnostic Program; and
at the ethanol gas canister is being changed before expiration date, or the alcoholic breath r solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, er occurs first.
day of JUNE, 20 1 the forgoing preventive maintenance on the instrument indicated above, in accordance with current regulations of the N.C. Human Services, and the instrument is functioning properly.
i r

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 06/25/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENACE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

g/210L	Time
Pass	11:21pm 11:22pm
.08	11:22pm
.00	11:23pm
.00	11:24pm
.00	11:25pm
.00	11:27pm
.00	11:28pm
	Pass .00 .08 .00 .00

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Kinner

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Record Number: 326
Test Date: 06/25/2011 Test Time: 11:31pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:31pm 11:31pm
FC	Pass	11:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:31pm
SRC	Pass	11:31pm
DET	Pass	11:31pm
BAR	Pass	11:31pm
BT	Pass	11:31pm

Blank Tests

Test	Status	Time	
AIR	Pass	11:32pm	

Printer Tests

Test	Status	Time
PRNT	Pass	11:32pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:32pm 11:32pm

Preventive Maintenance Status: Pass

Jaya B Skinning

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>U</u>	ake-Raleigh Instrument Location Box Mobile Unit #
Instrument Se	erial No. 00 8 6 0 \
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
ASE QUANY	

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 06/25/2011

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:32pm 11:33pm 11:34pm
AIR BLK	.00	11:35pm
SUB TEST	.00	11:36pm
AIR BLK	.00	11:36pm
SUB TEST	.00	11:40pm
AIR BLK	.00	11:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Stunier

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 06/25/2011 Test Record Number: 600 Test Time: 11:46pm EDT

.

Baseline Tests

System Check: Passed

Test	Status	Time
IR	Pass	11:46pm
FLO	Pass	11:46pm
FC	Pass	11:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:46pm
SRC	Pass	11:46pm
DET	Pass	11:46pm
BAR	Pass	11:46pm
BT	Pass	11:46pm

Blank Tests

Test Status Time

AIR Pass 11:47pm

Printer Tests

Test Status Time

PRNT Pass 11:47pm

CRC Tests

Test Status Time

COMP Pass 11:47pm CAL Pass 11:47pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WO	the - Cary Instrument Location Bat Mobile Unit
Instrument Se	rial No. <u>DO8989</u>
The preventiv four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Date: 06/24/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	8:26pm
AIR BLK	.00	8:27pm
ACCY CHK	.08	8:28pm
AIR BLK	.00	8:29pm
SUB TEST	.00	8:29pm
AIR BLK	.00	8:30pm
SUB TEST	.00	8:32pm
AIR BLK	. 00	8:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onp B 5kmin

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008929 Test Record Number: 313 Test Date: 06/24/2011 Test Time: 8:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:35pm
FLO	Pass	8:35pm
FC	Pass	8:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:35pm
SRC	Pass	8:35pm
DET	Pass	8:35pm
BAR	Pass	8:35pm
\mathtt{BT}	Pass	8:35pm

Blank Tests

Test	Status	Time
AIR	Pass	8:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	8:36pm

Preventive Maintenance Status: Pass

Pass

CAL

Oprya B Jkinnin

8:36pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County WA	Ke-Cary Instrument Location Bat Mobile Unit 2
Instrument Se	rial No 608734
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
4	n the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 06/24/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	8:30pm
AIR BLK	.00	8:31pm
ACCY CHK	.08	8:32pm
AIR BLK	.00	mq8:8
SUB TEST	.00	8:33pm
AIR BLK	.00	8:34pm
SUB TEST	.00	8:36pm
AIR BLK	.00	8:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skunner

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736

Test Record Number: 323

Test Date: 06/24/2011

Test Time: 8:39pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:40pm
FLO	Pass	8:40pm
FC	Pass	8:40pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:40pm
SRC	Pass	8:40pm
DET	Pass	8:40pm
BAR	Pass	8:40pm
\mathtt{BT}	Pass	8:40pm

Blank Tests

Test	Status	Time
AIR	Pass	8:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:41pm
	CRC Tests	
Test	Status	Time

COMP 8:41pm Pass CAL Pass 8:41pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

our months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
. 6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that procedures we Department of	on the day of day of the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601 Test Date: 06/24/2011

Citation Number: M0000000-0

Subject's Name: mr yellomannels exterishments.

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 and the second

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number:

Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	8:32pm 8:33pm 8:34pm 8:35pm
SUB TEST	.00	8:35pm
AIR BLK SUB TEST	.00 .00	8:36pm 8:38pm
AIR BLK	.00	8:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skinnin Analyst

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008601

Test Record Number: 597

Test Date: 06/24/2011

Test Time: 8:40pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:41pm
FLO	Pass	8:41pm
FC	Pass	8:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:41pm
SRC	Pass	8:41pm
DET	Pass	8:41pm
BAR	Pass	8:41pm
\mathtt{BT}	Pass	8:41pm

Blank Tests

Test	Status	Time
AIR	Pass	8:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:41pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:42pm
CAL	Pass	8:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	lockingham Instrument Location MAdison P.D.
Instrument Se	rial No. <u>008802</u>
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the
THE STATE OF THE S	1
 .	Signature of Certifying Official Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 06/21/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102602 Exp Date: 01/26/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	12:16pm 12:17pm
ACCY CHK	.07	12:17pm
AIR BLK	.00	12:18pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AC: 00 g/210L

Ignature of Chemical Analyst

Court CVR

Analyst

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802

Test Record Number: 356 Test Date: 06/21/2011 Test Time: 12:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:23pm
SRC	Pass	12:23pm
DET	Pass	12:23pm
BAR	Pass	12:23pm
BT	Pass	12:23pm

Blank Tests

Test	Status	Time

AIR 12:24pm Pass

Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm

CRC Tests

Test	Status	Time
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAvie Instrument Location Davie Co Jail
Instrument	Serial No. 008905
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures	t on the
STA STA CREATER OF THE STATE OF	Signature of Certifying Official Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 06/24/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG925102 Exp Date: 09/08/2011

Test	g/210L	Time
DIAG AIR BLK	Pass	12:30pm 12:30pm
ACCY CHK	.07	12:30pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
ATR BLK	.00	12:36pm

Reported AC: 90 g/210b

Signature of Chemical Analyst

Court CVR

Analyst

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Record Number: 742 Test Date: 06/24/2011 Test Time: 12:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:38pm 12:38pm 12:38pm 12:38pm
BT	Pass	12:38pm

Blank Tests

Test	Status	Time
		•
AIR	Pass	12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:39pm
CAL	Pass	12:39pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Surry Instrument Location Elkin PD	
Instrument S	Serial No. <u>008976</u>	
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve are:	ry
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sl 34 degrees, plus or minus .2 degree centigrade;	how
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	
procedures v	on the 3 day of 100 , 20 // the forgoing preventive maintena were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.	nce
STATE OR A TOP TO THE STATE OF	Signature of Certifying Official Certificate Number	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

SURRY COUNTY ELKIN PD 850

Serial Number: 008926 Test Date: 06/23/2011

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	2:22pm
AIR BLK	.00	2:22pm
ACCY CHK	.07	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:25pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:27pm
ATR BLK	0.0	2 · 28pm

Reported AC:

gnature of Chemical Analyst

Court CVR

SURRY COUNTY ELKIN PD 850

Serial Number: 008926

Test Record Number: 432

Test Date: 06/23/2011

Test Time: 2:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:29pm
FLO	Pass	2:29pm
FC	Pass	2:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:29pm
SRC	Pass	2:29pm
DET	Pass	2:29pm
BAR	Pass	2:29pm
BT ·	Pass	2:29pm

Blank Tests

Test	Status	Time
AIR	Pass	2:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:30pm
	CRC Tests	
Test	Status	Time

COMP 2:30pm Pass 2:30pm CALPass

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyS	URRY	Instrument Location_	SURRY	Co JAil
Instrument Ser	ial No. <u>008934</u>		7	
The preventive four months ar	maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		lcoholic breath sime	ulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample	;;	•
7.	When "PLEASE BLOW" appe	ars, collect breath sample	;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	l	·	•
10.	Verify that the ethanol gas can is simulator solution is being chan whichever occurs first.			
I certify that or procedures wer Department of	the <u>23</u> day of <u>June</u> re performed on the instrument indi Health and Human Services, and the	, 20, 20, cated above, in accordance instrument is functioni	// the forgoing ce with current regung properly.	preventive maintenance lations of the N.C.
THE STATE OF THE S	NO MARIO MAR	141		1.32
	Sign	ature of Certifying Official	al	Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 06/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102602 Exp Date: 01/26/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	1:27pm 1:27pm
ACCY CHK	.07	1:28pm
AIR BLK SUB TEST	.00 .00	1:29pm 1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:32pm
ATR BLK	.00	1:33pm

Reported AC:

-90 G/210L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 743

Test Date: 06/23/2011 Test Time: 1:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:36pm
SRC	Pass	1:36pm
DET	Pass	1:36pm
BAR	Pass	1:36pm
\mathtt{BT}	Pass	1:36pm

Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

Printer Tests

Status	Time
Pass	1:36pm
CRC Tests	
Status	Time
	Pass CRC Tests

COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Surry In	nstrument Location_	Mount	Airy	PD
Instrument	t Serial No. <u>008943</u>				·
The prevent	ntive maintenance procedures for the Intoxir ns are:	neters, Model Intox	EC/IR II to be foll	owed at least	once every
1.	Verify the ethanol gas canister displaced and degrees, plus or minus .2 degree of		alcoholic breath sir	nulator thermo	ometer shows
2.	Verify instrument displays time and	date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted;				
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" appears, or	ollect breath sample	;		
7.	When "PLEASE BLOW" appears, or	ollect breath sample) ;		
8.	Print test record;				
9.	Verify Diagnostic Program; and				
10.	Verify that the ethanol gas canister is simulator solution is being changed whichever occurs first.				
	at on the 3 day of 1005 were performed on the instrument indicated at of Health and Human Services, and the instrument	l above, in accordan		ng preventive r gulations of the	naintenance e N.C.
STATE OF THE STATE	ATE OF A CORD	1 ()	commence process space or	63	
	Signature	of Certifying Offici	al	Certificate N	lumber

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 06/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	12:38pm 12:38pm 12:39pm 12:40pm
SUB TEST	.00	12:40pm
AIR BLK	.00	12:41pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm

Reported AC: /.00 g/2/0L

Signature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943

Test Record Number: 957

Test Date: 06/23/2011

Test Time: 12:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:44pm 12:44pm
FC	Pass	12:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:45pm
SRC	Pass	12:45pm
DET	Pass	12:45pm
BAR	Pass	12:45pm
BT	Pass	12:45pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:45pm
CAL	Pass	12:45pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Suprey Instrument Location Pilat Mountain P
Instrument S	Serial No. 008938
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the
OFFICE STATE OF THE STATE OF TH	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 06/23/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:50am 11:51am 11:51am 11:52am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
AIR BLK	.00	11:56am

Reported AC: .00 g/210L

ignature of Chemical Analyst

Court CVR

Analyst

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938

Test Record Number: 282

Test Date: 06/23/2011

Test Time: 11:57am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:57am
FLO	Pass	11:57am
FC	Pass	11:57am

Temperature Tests

Test	Status	Time
FC1	Pass	11:58am
SRC	Pass	11:58am
DET	Pass	11:58am
BAR	Pass	11:58am
BT	Pass	11:58am

Blank Tests

Test	Status	Time
AIR	Pass	11:58am

Printer Tests

Test	Status	Time
PRNT	Pass	11:58am

CRC Tests

Test	Status	Time
COMP	Pass	11:58am
CAL	Pass	11:58am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	tokes Instrument Location King P. D.
Instrument Ser	ial No. 008610
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wei	the <u>30</u> day of <u>500</u> , 20 // the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 06/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	2:01pm 2:02pm
ACCY CHK	.08	2:02pm
AIR BLK	.00	2:03pm
SUB TEST	.00	2:04pm
AIR BLK	.00	2:05pm
SUB TEST	.00	2:07pm
ATR BLK	0.0	2 • 0.7 mm

Reported AC: ___00_g/2/10L

gnature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 948

Test Date: 06/22/2011

Test Time: 2:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:08pm
FLO	Pass	2:08pm
FC	Pass	2:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

Blank Tests

rest	Status	TIME
AIR	Pass	2:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:09pm
•	CRC Tests	
Test	Status	Time

COMP	Pass	2:09pm
CAL	Pass	2:09pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stokes Instrument Location	Stokes	6 JA./
Instrument	ent Serial No. <u>OO85 96</u>		
The prever	eventive maintenance procedures for the Intoximeters, Model Intox EC	Z/IR II to be folk	owed at least once every
1.	. Verify the ethanol gas canister displays pressure, or the alco 34 degrees, plus or minus .2 degree centigrade;	oholic breath sin	nulator thermometer shows
2.	2. Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	7. When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		•
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or a whichever occurs first.	expiration date fter 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
I certify the procedure Departme	y that on the	the forgoing with current reg	ng preventive maintenance gulations of the N.C.
GREAT SE	Signature of Certifying Official		Certificate Number

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 06/22/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	11:56am 11:57am
ACCY CHK	.08	11:57am
AIR BLK	.00	11:58am
SUB TEST	.00	11:59am
AIR BLK	.00	12:00pm
SUB TEST	.00	12:01pm
ATR RIK	0.0	12:02pm

Reported AC/ /00/g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 06/22/2011

Test Record Number: 480 Test Time: 12:03pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:03pm
FLO	Pass	12:03pm
FC	Pass	12:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:03pm
SRC	Pass	12:03pm
DET	Pass	12:03pm
BAR	Pass	12:03pm
BT	Pass	12:03pm

Blank Tests

Test	Status	Time
AIR	Pass	12:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:04pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:04pm
CAL	Pass	12:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE	Instrument Location	n Moore C	BUNTY JAIL
Instrument Seria	al No. <u>008735</u>	CART	THAGE NO	1
The preventive refour months are	maintenance procedures for the In	toximeters, Model Into	x EC/IR II to be fol	lowed at least once every
. 1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		e alcoholic breath si	mulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			· ·
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath samp	ole;	
7.	When "PLEASE BLOW" appear	ars, collect breath samp	ole;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	•		
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed be ged every four months	efore expiration date or after 125 Alcoho	, or the alcoholic breath lic Breath Simulator tests,
I certify that on	the 01 day of Ju	NE 20) // the forgoin	ng preventive maintenance
procedures were Department of H	performed on the instrument indi- lealth and Human Services, and th	cated above, in accorda	ance with current rep	gulations of the N.C.
OF THE STATE OF N				
SE VI	A CAROL			
* CORP. 12. TTE		212	mell	37/
	Signa	ture of Certifying Offic	cial	Certificate Number

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 06/01/2011

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	1:33pm 1:34pm
ACCY CHK	.08	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm
SUB TEST	.00	1:38pm
AIR BLK	.00	1:39pm

Reported AC:

Ω0 σ/210L

Signature of Chem

Chemical Analyst

Court CVR

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MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 06/01/2011

Test Record Number: 850 Test Time: 1:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:41pm 1:41pm
FC	Pass	1:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:41pm
SRC	Pass	1:41pm
DET	Pass	1:41pm
BAR	Pass	1:41pm
BT	Pass	1:41pm

Blank Tests

Test	Status	Time
ΔTP	Dagg	1 • 4 2 mm

Printer Tests

Test	Status	Time
PRNT	Pass	1:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:42pm

Preventive Maintenance Status: Pass

Pass

1:42pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Cabarrus	Instrument Location Kanna	polis PD
Instrumer	nt Serial No. <u>008589</u>	314 S. Main Stree	et, Kannapolis
		704-920-4000	
The preve		or the Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	anister displays pressure, or the alcoholic breas .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displa	ys time and date;	
3.	Initiate breath test seque	ence;	
4.	Enter information as pro	ompted;	
5.	Verify instrument accura	acy;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	7" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progr	am; and	
10.		gas canister is being changed before expiration ng changed every four months or after 125 A	
procedure		the formal distribution in the formal distributi	
OREN'S	STATE OF NOTIFICAROUS AND ASSESSMENT OF THE STATE OF THE		
* ESSE O	Dual C	Hall	65¢
	7/1	Signature of Certifying Official	Certificate Number

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 06/02/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG003401 Exp Date: 02/03/2012

Test	g/210L	Time
DIAG	Pass	1:21pm
AIR BLK	.00	1:22pm
ACCY CHK	.08	1:23pm
AIR BLK	.00	1:24pm
SUB TEST	.00	1:24pm
AIR BLK	.00	1:25pm
SUB TEST	.00	1:27pm
ATR BLK	. 00	1:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

CABARRUS COUNTY KANNAPOLIS PD 120

Serial Number: 008589 Test Date: 06/02/2011 Test Record Number: 1377

011 Test Time: 1:29pm EDT

System Check: Passed

Baseline Tests

	Time
ass	1:29pm 1:29pm 1:29pm
	tatus Pass Pass Pass

Temperature Tests

SRC Pass 1:29pm DET Pass 1:29pm	Test	Status	Time
DI Pass 1:29piii	SRC DET BAR	Pass Pass Pass	1:29pm 1:29pm 1:29pm 1:29pm
	ы	rass	T: 235m

Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm
· .	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:30pm 1:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cab	acrus Instrument Location Cabaccus County SD
Instrument Seria	1 No. 008792 30 Corban Ave, Concord 704-920-3000
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the and day of June, 20/1 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 06/02/2011

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2009-10/01/2011

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

DIAG Pass	12:35pm
AIR BLK .00 ACCY CHK .07 AIR BLK .00 SUB TEST .00	12:36pm 12:37pm 12:37pm 12:38pm
AIR BLK .00	12:39pm
SUB TEST .00	12:41pm
AIR BLK .00	12:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008792 Test Date: 06/02/2011

Test Record Number: 375

Test Time: 12:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:44pm
FLO	Pass	12:44pm
FC	Pass	12:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:44pm
SRC	Pass	12:44pm
DET	Pass	12:44pm
BAR	Pass	12:44pm
\mathtt{BT}	Pass	12:44pm

Blank Tests

Test	Status	Time
AIR	Pass	12:45pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:45pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:45pm 12:45pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	abarrus Instrument Location Cabarrus Gunty 50
Instrument Se	erial No. 008590 30 Corban Ave, Concord
	704-920-3000
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
. 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the <u>2nd</u> day of <u>June</u> , 20 11 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OF CHANK	

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 06/02/2011

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

_ Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E Permit Number: 19951E

Effective: 10/01/2009-10/01/2011

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG016501 Exp Date: 06/14/2012

Test	g/210L	Time
DIAG	Pass	12:30pm
AIR BLK	.00	12:31pm
ACCY CHK	.07	12:31pm
AIR BLK	.00	12:32pm
SUB TEST	.00	12:33pm
AIR BLK	.00	12:34pm
SUB TEST	.00	12:35pm
AIR BLK	.00	12:36pm

Reported AC: .00 g/210L

of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 06/02/2011

Test Record Number: 1523 Test Time: 12:37pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:38pm
FLO	Pass	12:38pm
FC	Pass	12:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:38pm
SRC	Pass	12:38pm
DET	Pass	12:38pm
BAR	Pass	12:38pm
BT	Pass	12:38pm

Blank Tests

Test	Status	Time
AIR	Pass	12:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:39pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:39pm 12:39pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	RUNSWICK Instrument Location Brunswick County
Instrument Seri	al No. 86/3 Instrument Location Brunswick County
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7. ·	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
THE STATE OF THE S	
	Signature of Certifying Official Certificate Number

BRUNSWICK COUNTY BRUNSWICK COUNTY SD

Serial Number: 008613 Test Date: 06/29/2011 Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY
Permit Number: 08259E
Effective:
10/01/2009-10/01/2011

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG102701 Exp Date: 01/27/2013

Test	g/210L	Time
DIAG	Pass	2:04pm
AIR BLK	.00	2:05pm
ACCY CHK	.08	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:07pm
AIR BLK	.00	2:08pm
SUB TEST	.00	2:10pm
AIR BLK	.00	2:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY BRUNSWICK COUNTY SD 090
Serial Number: 008613 Test Record Number: 564
Test Date: 06/29/2011 Test Time: 2:13pm EDT
System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:14pm
FLO	Pass	2:14pm
FC	Pass	2:14pm

Temperature Tests

Test	Status	Time
FC1	Pass [']	2:14pm
SRC	Pass	2:14pm
DET	Pass	2:14pm
BAR	Pass	2:14pm
BT	Pass	2:14pm

Blank Tests

Test	Status	Time
AIR	Pass	2:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:15pm

CRC Tests

Test	Status	Time
COMP	Pass	2:15pm
CAL	Pass	2:15pm

Preventive Maintenance Status: Pass

Analyst